

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90081 014 ****55.00

DOCUMENT # L02000006658

1. Entity Name

LYONS LAND INVESTMENT, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2101 Centrepark West Drive

3. Mailing Address

12765 Forest Hill Blvd.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 1302

City & State

West Palm Beach, FL

City & State

Wellington, FL

4. FEI Number

56-2308039

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
33409

Country
USA

Zip
33414

Country
USA

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Mario G. de Mendoza, III, P.A.

Street Address (P.O. Box Number is Not Acceptable)
12765 Forest Hill Boulevard, Suite 1302

City
Wellington

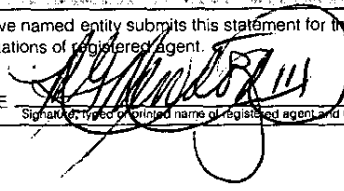
FL

Zip Code
33414

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

 , Mario G. de Mendoza, III, President

1/22/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Bentz, Robert A.
2101 Centrepark West Dr., #100
West Palm Beach, FL 33409

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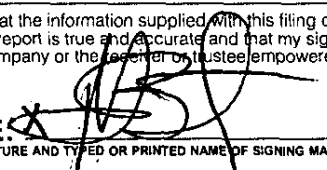
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

 , Robert A. Bentz, Manager

X

3/10/03

561/478-8501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)