

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90039 027 \*\*\*\*50.00

DOCUMENT # L02000007129	
1. Entity Name LYONS TECH IV, LLC	



Principal Place of Business 1096 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442	Mailing Address 1096 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442
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20043009

2. Principal Place of Business 6820 LYONS TECHNOLOGY CIRCLE Suite, Apt. #, etc. #100 City & State COCONUT CREEK, FL Zip 33073 Country USA	3. Mailing Address 6820 LYONS TECHNOLOGY CIRCLE Suite, Apt. #, etc. #100 City & State COCONUT CREEK, FL Zip 33073 Country USA
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03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0662237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BUTTERS, MALCOLM 1096 EAST NEWPORT CENTER DRIVE, SUITE 100 DEERFIELD BEACH, FL 33442	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6820 LYONS TECHNOLOGY CIRCLE, #100 City COCONUT CREEK FL Zip Code 33073
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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 M. BUTTERS 04/28/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTTERS, MALCOLM 1096 EAST NEWPORT CENTER DRIVE, SUITE 100 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6820 LYONS TECHNOLOGY CIRCLE, #100 COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: M. BUTTERS 04/28/06 954-570-8111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #