

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000004874

1. Entity Name
1 LYONS TECH PARKWAY, LLC



Principal Place of Business
LYONS TECHNOLOGY PARK
COCONUT CREEK, FL 33073 US

Mailing Address
13190 TELFAIR AVE
SYLMAR, CA 91342 US



04142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0444598

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000908190
05/06/08-80020-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ZANGER, LEON MGRM
STREET ADDRESS	456 ARDSLEY RD
CITY- ST- ZIP	SCARSDALE, NY 10583
TITLE	MGRM
NAME	ZANGER, JONATHAN MGRM
STREET ADDRESS	12 E 86TH ST
CITY- ST- ZIP	NEW YORK, NY 10028
TITLE	MGRM
NAME	SPRINGER, CLAUDIA MGRM
STREET ADDRESS	PO BOX 448
CITY- ST- ZIP	GWYNEDD, PA 19436
TITLE	MGRM
NAME	OLIVER, KURT MGRM
STREET ADDRESS	5410 NW 74TH PLACE
CITY- ST- ZIP	COCONUT CREEK, FL 33073
TITLE	MGRM
NAME	OLIVER, STELLA MGRM
STREET ADDRESS	1443 NE 55TH ST
CITY- ST- ZIP	FT LAUDERDALE, FL
TITLE	MGR
NAME	PETROCELLI, PAT MGR
STREET ADDRESS	13190 TELFAIR AVE
CITY- ST- ZIP	SYLMAR, CA 91342

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

4-16-8 8/8.256.1591