

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90386 005 ****55.00

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01182005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000027219 1. Entity Name LYNN, LEON & LYON GROUP, L.L.C.					
Principal Place of Business 460 S. INDIANA AVE. ENGLEWOOD, FL 34223			Mailing Address 460 S. INDIANA AVE. ENGLEWOOD, FL 34223		
2. Principal Place of Business 7590 Manasota Key Rd Suite, Apt. #, etc.		3. Mailing Address 7590 Manasota Key Rd Suite, Apt. #, etc.			
City & State Englewood, FL Zip 34223		City & State Englewood, FL Zip 34223		4. FEI Number 20-0825642 Applied For <input type="checkbox"/> Not Applicable	
Country Sarasota		Country Sarasota		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKINSON, ROBERT A ESQ 460 S. INDIANA AVE. ENGLEWOOD, FL 34223				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOUGH, PATRICIA L TRUSTEE 7590 MANASOTA KEY RD. ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR David L. Fredrick 7590 Manasota Key Rd Englewood, FL 34223	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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	
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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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			Date: 2/25/05 Daytime Phone #: 978-630-5122		