

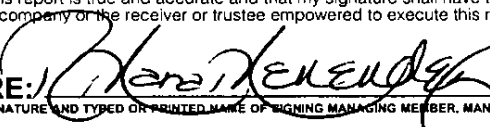


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2006 90038 033 ****50.00

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|--|---|--|--|--|--|
| DOCUMENT # L03000031074 1. Entity Name LYONS ROAD, LLC | | | |  | |
| Principal Place of Business 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS, FL 33071 | | | Mailing Address 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS, FL 33071 | | |
| 2. Principal Place of Business 1600 Sawgrass Corporate Parkway <small>Suite, Apt. #, etc.</small> Suite 300 | | 3. Mailing Address 1600 Sawgrass Corporate Parkway <small>Suite, Apt. #, etc.</small> Suite 300 | |  | |
| <small>City & State</small> Sunrise, FL | | <small>City & State</small> Sunrise, FL | | 4. FEI Number 65-1125475 | |
| <small>Zip</small> 33323 | | <small>Country</small> USA | | <small>Applied For</small> <input type="checkbox"/> Not Applicable | |
| <small>Zip</small> 33323 | | <small>Country</small> USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GRANT, MARK F ESQ C/O RUDEN, MCCLOSKEY, SMITH ET AL 200 EAST BROWARD BLVD, STE 1500 FORT LAUDERDALE, FL 33301 | | | | 7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | MGRM BOYNTON BEACH X, LLLP 1401 UNIVERSITY DR #200 CORAL SPRINGS, FL 33071 | <input type="checkbox"/> Delete | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | MGRM BOYNTON BEACH X, LLLP 1600 SAWGRASS CORPORATE PKWY #300 SUNRISE, FL 33323 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | | <input type="checkbox"/> Delete | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | | <input type="checkbox"/> Delete | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | | <input type="checkbox"/> Delete | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | | <input type="checkbox"/> Delete | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | | <input type="checkbox"/> Delete | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | | <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:  | | | N. MARIA MENDEZ, VICE PRESIDENT | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date</small> 4/27/06 | | <small>Daytime Phone #</small> 954-753-1730 |