

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90326 044 ****50.00

DOCUMENT # L03000031074

1. Entity Name
LYONS ROAD, LLC



Principal Place of Business
1600 SAWGRASS CORPORATE PARKWAY
STE 300
SUNRISE, FL 33323

Mailing Address
1600 SAWGRASS CORPORATE PARKWAY
STE 300
SUNRISE, FL 33323

60047081



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
65-1125475

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, MARK F ESQ
C/O RUDEN, MCCLOSKEY, SMITH ET AL
200 EAST BROWARD BLVD, STE 1500
FORT LAUDERDALE, FL 33301

Name Steven M. Helfman, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1600 Sawgrass Corporate Parkway, Suite 300

City

Sunrise

FL

Zip Code
33323

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)

4/26/07

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BOYNTON BEACH X, LLLP
STREET ADDRESS 1600 SAWGRASS CORPORATE PKWY #300
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☒ Change ☐ Addition
NAME BOYNTON BEACH ASSOCIATES X, LLLP
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

N. MARIA MENENDEZ, VICE PRESIDENT

4/27/07

Date

954.753.1730

Daytime Phone #