

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 26 AM 10:34

DOCUMENT # L04000092567

1. Entity Name  
LYONS HOUSING, LLC



Principal Place of Business  
9240 MARKETPLACE ROAD, SUITE 1  
FORT MYERS, FL 33912

Mailing Address  
9240 MARKETPLACE ROAD, SUITE 1  
FORT MYERS, FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08192005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-1990431

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

PEEPLS, C. PERRY ESQ  
C/O GARLICK STETLER & PEEPLS, LLP  
5551 RIDGEWOOD DRIVE, SUITE 101  
NAPLES, FL 34108

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
MGRM  
LYONS HOLDING, INC.  
STREET ADDRESS  
9240 MARKETPLACE ROAD, SUITE 1  
CITY-ST-ZIP  
FORT MYERS, FL 33912

☐ Delete

TITLE  
NAME  
PRES  
BOBBY R. LYONS  
STREET ADDRESS  
9240 MARKETPLACE ROAD, SUITE 1  
CITY-ST-ZIP  
FORT MYERS, FL 33912

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

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☐ Change

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☐ Change

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STREET ADDRESS  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

000059674760  
09/15/05--01037--009 \*\*50.00

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 606, Florida Statutes.

SIGNATURE

Bobby R. Lyons, President

AUG. 19, 2005

239 768 3003

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

Date

Daytime Phone #