

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092567

Entity Name: LYONS HOUSING, LLC

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

9240 MARKETPLACE ROAD, SUITE 1
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

9240 MARKETPLACE ROAD, SUITE 1
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-1990431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LYONS, BOBBY R
9240 MARKETPLACE ROAD
SUITE 1
FORT MYERS, FL 33912 US

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.

SIGNATURE: BOBBY R LYONS

04/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LYONS HOLDING, INC.,
Address: 9240 MARKETPLACE ROAD, SUITE 1
City-St-Zip: FORT MYERS, FL 33912

Title: P () Delete
Name: LYONS, BOBBY R
Address: 9240 MARKETPLACE ROAD, SUITE 1
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Delete
Name: LYONS, NORMA L
Address: 9240 MARKETPLACE ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Delete
Name: ROSE, TIMOTHY W
Address: 9240 MARKETPLACE ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Delete
Name: HAMMOND, CHRIS
Address: 9240 MARKETPLACE ROAD
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BOBBY R LYONS

P

04/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date