

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092572

FILED
Mar 07, 2008
Secretary of State

Entity Name: LYONS HERITAGE PASCO, LLC

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: 20-1990552 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:

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: _____

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

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

Title: VP () Change (X) Addition
Name: GARTON, LORI
Address: 9240 MARKETPLACE ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Change (X) Addition
Name: NEEDLES, MORRIS
Address: 9240 MARKETPLACE ROAD
City-St-Zip: FORT MYERS, FL 33912

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: TIMOTHY W ROSE

VP

03/07/2008

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