


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90281 023 ****50.00

DOCUMENT # L05000060428		
1. Entity Name TSL LYONS TECH II, LLC		

Principal Place of Business 6530 WEST ROGERS CIRCLE, SUITE #31 BOCA RATON, FL 33487	Mailing Address 6530 WEST ROGERS CIRCLE, SUITE #31 BOCA RATON, FL 33487
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2. Principal Place of Business - No P.O. Box # 6530 WEST ROGERS CIRCLE	3. Mailing Address 6530 WEST ROGERS CIRCLE
Suite, Apt. #, etc. 31	Suite, Apt. #, etc. 31

City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33487	Zip 33487
County PALM	County PALM



01222007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3020945	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ALLEN, LOUISE J ESQ. 200 E LAS OLAS BLVD STE 2100 FORT LAUDERDALE, FL 33301	
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7. Name and Address of New Registered Agent Name SEAN M LEGER Street Address (P.O. Box Number is Not Acceptable) 6530 W ROGERS CIRCLE #31 City BOCA RATON FL Zip Code 33487	
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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
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEOCR, SEAN M 6530 W ROGERS CIR 31 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:  SEAN M LEGER	561-995-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #