


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90073 013 \*\*\*138.75

<b>DOCUMENT # L05000060428</b> 1. Entity Name <b>TSL LYONS TECH II, LLC</b>					
Principal Place of Business <b>6530 WEST ROGERS CIR SUITE 31 BOCA RATON, FL 33487</b>			Mailing Address <b>6530 WEST ROGERS CIR SUITE 31 BOCA RATON, FL 33487</b>		
2. Principal Place of Business - No P.O. Box #  <b>4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338</b>		3. Mailing Address  <b>4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338</b>			
Zip <b>33431</b>	Country <b>FL</b>	Zip <b>33431</b>	Country <b>FL</b>	4. FEI Number <b>20-3020945</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LEDER, SEAN M 6530 WEST ROGERS ST SUITE 31 BOCA RATON, FL 33487</b>				7. Name and Address of New Registered Agent  Name Street <b>4755 Technology Way Ste. 202</b> <b>Boca Raton, FL 33431-3338</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
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	4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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.					
<b>SIGNATURE:</b> <i>Sean Leder</i>				Date <i>2/18/08</i> Daytime Phone # <i>561-995-7878</i>	