

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000060434 1. Entity Name SHAVITZ HOLDINGS LYONS TECH II, LLC |  |
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|--|--|
| Principal Place of Business ATTN: GREGG I. SHAVITZ 1515 S FEDERAL HWY, SUITE 404 BOCA RATON, FL 33432 | Mailing Address ATTN: GREGG I. SHAVITZ 1515 S FEDERAL HWY, SUITE 404 BOCA RATON, FL 33432 |
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DO NOT WRITE IN THIS SPACE



02082008 No Chg-LLC CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

SHAVITZ, GREGG I
 1515 S FEDERAL HWY
 SUITE 404
 BOCA RATON, FL 33432

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000834411
 02/28/08-80052-008 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SHAVITZ, GREGG 1515 S FEDERAL HWY SUITE 404 BOCA RATON, FL 33432 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____