2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# L06000075345

Entity Name: THE LYONS FAMILY LLC

Current Principal Place of Business:

8629 HERONS COVE PL
TAMPA, FL 33447

New Principal Place of Business:

8629 HERONS COVE PL
TAMPA, FL 33467

Current Mailing Address:

8629 HERONS COVE PL
TAMPA, FL 33447

New Mailing Address:

8629 HERONS COVE PL
TAMPA, FL 33467

FEI Number: 14-2003429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LYONS, THERESE
8629 HERONS COVE PL
TAMPA, FL 33447 US

Name and Address of New Registered Agent:

LYONS, THERESE
8629 HERONS COVE PL
TAMPA, FL 33467 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: 05/02/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LYONS, THERESE
Address: 8629 HERONS COVE PL
City-St-Zip: TAMPA, FL 33447

Title: MGRM ( ) Delete
Name: ABOUSAID, FAHED A
Address: 3934 LAKE BLVD
City-St-Zip: CLEARWATER, FL 33672

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LYONS, THERESE
Address: 8629 HERONS COVE PL
City-St-Zip: TAMPA, FL 33467

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: THERESE M LYONS MMM 05/02/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date