

2002 UNIFORM BUSINESS REPORT (UBR) ?

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90195 039 ****50.00

DOCUMENT # M00000002416

1. Entity Name
LYRIC VENTURE MANAGERS, LLC

Principal Place of Business

**420 MCKINLEY ST
CORONA CA 92879**

Mailing Address

**420 MCKINLEY ST
CORONA CA 92879**

2. Principal Place of Business

224 DATURA ST

3. Mailing Address

224 DATURA ST

Suite, Apt. #, etc.

SUITE 1218

Suite, Apt. #, etc.

SUITE 1218

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number

33-0935061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BODE, MARK W
3114 EMBASSY DR
WEST PALM BEACH FL 33401**

Name

TERRY TEMESCU

Street Address (P.O. Box Number is Not Acceptable)

224 DATURA ST

SUITE 1218

City

WEST PALM BEACH

FL

Zip Code

33401

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **TEMESCU, TERRY**
CITY-ST-ZIP **420 MCKINLEY ST
CORONA CA 92879**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **224 DATURA ST SUITE 1218**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **BODE, MARK**
CITY-ST-ZIP **3114 EMBASSY DR
WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **HOOD, JEFFREY J**
CITY-ST-ZIP **523 CLUB DR
BAY HEAD NJ 08742**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

4/20/02

561 835 9599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)