## 2008 LIMITED LIABILITY COMPANY

## Feb 27, 2008 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # M05000002775** 02-27-2008 90073 020 \*\*\*138.75 1. Entity Name LYONS CREEK ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 6530 W. ROGERS ROAD, SUITE 31 6530 W. ROGERS ROAD, SUITE 31 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 4755 Technology Way Ste. 202 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338 02042008 Chg-LLC CR2E083 (12/06) Boca Raton, FL 33431-3338 4. FEI Number Applied For 65-1011357 Not Applicable Country Zip Country Zio \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 4755 Technology Way Ste. 202 LEDER, SEAN 6530 W. ROGERS ROAD, SUITE 31 Boca Raton, FL 33431-3338 BOCA RATON, FL 33487 Zip Code City 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, 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 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE ☐ Addition TITLE ☐ Delete 4755 Technology Way Ste. 202 THE LEDER GROUP, INC. NAME NAME Boca Raton, FL 33431-3338 6530 W. ROGERS ROAD, SUITE 31 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Daytime Phone #