

2000 UNIFORM BUSINESS REPORT (UBR)

0006146 AF

DOCUMENT # M99000000357

1. Entity Name
LYRIC CAPITAL MANAGERS, L.L.C.

APPROVED
AND
FILED

00 APR 17 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
904 FOREST GLEN LANE
WELLINGTON FL 33414

Mailing Address
904 FOREST GLEN LANE
WELLINGTON FL 33414-6350



2. Principal Place of Business

3. Mailing Address

420 MCKINLEY ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 111-618

City & State

City & State

CORONA CA

4. FEI Number

65-0889023

Applied For

Not Applicable

Zip

Country

Zip

92879

Country

US

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MPNM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEMESCU, TERRY A
904 FOREST GLEN LANE
WELLINGTON FL 33414

Name

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

City

FL

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.

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MGRM	TEMESCU, TERRY A	904 FOREST GLEN LANE WELLINGTON FL 33414	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>

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*****50.00 *****50.00

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/11/00 909-359-7400
Date Daytime Phone #

CR2E083 (9/99)