

2001 UNIFORM BUSINESS REPORT (UBR)

0031030 AB

DOCUMENT # M99000000357

1. Entity Name

LYRIC CAPITAL MANAGERS, L.L.C.

FILED

01 FEB 27 PM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

904 FOREST GLEN LANE
WELLINGTON FL 33414

Mailing Address

420 MCKINLEY ST., SUITE 111-618
CORONA CA 92879

2. Principal Place of Business

3114 EMBASSY DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

4. FEI Number

65-0889023

Applied For

Not Applicable

Zip

33401

Country

PAUM DEACH

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TEMESCU, TERRY A
904 FOREST GLEN LANE
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

MARK W. RODE

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

3114 EMBASSY DRIVE

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

2/23/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS TEMESCU, TERRY A
CITY-ST-ZIP 904 FOREST GLEN LANE
WELLINGTON FL 33414

TITLE NAME
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CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS 3114 EMBASSY DR
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE NAME
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CITY-ST-ZIP

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TITLE 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

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

Date

Daytime Phone #

2/23/01

909-359-7400

CR2E083 (11/00)