

# 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 Mailing Address  
**904 FOREST GLEN LANE WELLINGTON FL 33414** **420 MCKINLEY ST., SUITE 111-618 CORONA CA 92879**

2. Principal Place of Business **3114 EMBASSY DRIVE** Suite, Apt. #, etc.  
 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 BEACH** 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 DATE **2/23/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>MGRM TEMESCU, TERRY A 904 FOREST GLEN LANE WELLINGTON FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3114 EMBASSY DR WEST PALM BEACH FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000003810970-8 -03/07/01-0106-018 *****50.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE **2/23/01** DAYTIME PHONE # **909-359-7400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)