

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90195 030 ****50.00

DOCUMENT # M99000000357

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

Principal Place of Business
**3114 EMBASSY DRIVE
 WEST PALM BEACH FL 33401**

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

2. Principal Place of Business
**224 DATURA ST
 SUITE 1218**

3. Mailing Address
**224 DATURA ST
 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
65-0889023

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

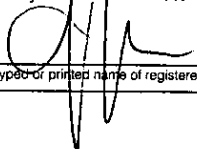
**RODE, MARK W
 3114 EMBASSY DRIVE
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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



4/20/02
 DATE

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM TEMESCU, TERRY A	3114 EMBASSY DR.	WEST PALM BEACH FL 33401	<input type="checkbox"/>
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

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	224 DATURA ST SUITE 1218	WEST PALM BEACH, FL 33401	<input type="checkbox"/>	<input type="checkbox"/>
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

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

4/20/02 **561 835 9599**
 Date Daytime Phone #

FILED 05/06/02 08:00 AM SECRETARY OF STATE