

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90135 026 \*\*\*150.00

**DOCUMENT # P05000071028**

1. Entity Name  
LYRA MANAGEMENT, INC.



Principal Place of Business  
1700 NW 66TH AVE STE 102  
FORT LAUDERDALE, FL 33313

Mailing Address  
888 SE 3RD AVENUE  
STE 501  
FORT LAUDERDALE, FL 33316



02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2843737

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FORMAN, M. AUSTIN  
888 SE 3RD AVENUE  
STE 501  
FORT LAUDERDALE, FL 33316

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KUCZYNSKI, RON W  
STREET ADDRESS 888 SE 3RD AVENUE, STE 501  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE VPD  
NAME FORMAN, M. AUSTIN  
STREET ADDRESS 888 SE 3RD AVENUE, STE 501  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE TD  
NAME MURPHY, WILLIAM M  
STREET ADDRESS 1700 NW 66 AVE 102  
CITY-ST-ZIP FORT LAUDERDALE, FL 33313

TITLE SD  
NAME GETTLER, BENJAMIN  
STREET ADDRESS 1700 NW 66 AVE 102  
CITY-ST-ZIP FORT LAUDERDALE, FL 33313

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #