

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000071028

Entity Name: LYRA MANAGEMENT, INC.

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

1700 NW 66TH AVE STE 102
FORT LAUDERDALE, FL 33313

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2843737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KUCZYNSKI, RON W
Address: 888 SE 3RD AVENUE, STE 501
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VPD () Delete
Name: FORMAN, M. AUSTIN
Address: 888 SE 3RD AVENUE, STE 501
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: TD () Delete
Name: MURPHY, WILLIAM M
Address: 1700 NW 66 AVE 102
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: SD () Delete
Name: GETTLER, BENJAMIN
Address: 1700 NW 66 AVE 102
City-St-Zip: FORT LAUDERDALE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MR. WILLIAM M. MURPHY

TD

04/07/2009

Electronic Signature of Signing Officer or Director

Date