


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 22, 2007 08:00 A
Secretary of State**

DOCUMENT #V45710 1. Entity Name THE LYROUGE PARTNERSHIP, INC.	
---	---

Principal Place of Business 6233 OLD RANCH ROAD SARASOTA, FL 34241 US	Mailing Address 6233 OLD RANCH ROAD SARASOTA, FL 34241 US
---	---



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0338821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOURLEY, ROBINSON B JR 6233 OLD RANCH ROAD SARASOTA, FL 34241

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERLINER, CHRISTOPHER G. 3909 CAMINO REAL SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GOURLEY, ROBINSON B., JR 6233 OLD RANCH RD SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000594205
01/22/07-80062-012 150.00

**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 #

1/15/07 941-923-8972