

2018 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A00000001107

Entity Name: LYONS CORPORATE PARK, LLLP**Current Principal Place of Business:**4100 NORTH POWERLINE ROAD, SUITE B-2
POMPANO BEACH, FL 33073**Current Mailing Address:**4100 NORTH POWERLINE ROAD, SUITE B-2
POMPANO BEACH, FL 33073**FEI Number:** 65-0403329**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LASSER, LEE S
4100 NORTH POWERLINE ROAD, SUITE B-2
POMPANO BEACH, FL 33073 US*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**General Partner Detail :**

Document #

Name LASSER, LEE STRUSTEE
Address 4100 NORTH POWERLINE ROAD,
SUITE B-2
City-State-Zip: POMPANO BEACH FL 33073

Document #

Name FERRERA, MICHAEL JTRUSTEE
Address 6601 LYONS ROAD, C-1
City-State-Zip: COCONUT CREEK FL 33073

Document #

Name FERRERA, AUGUSTINE TRUSTEE
Address 6601 LYONS ROAD, C-1
City-State-Zip: COCONUT CREEK FL 33073

Document #

Name ROLFE, DIANE TRUSTEE
Address 6601 LYONS ROAD, C-1
City-State-Zip: COCONUT CREEK FL 33073

I hereby 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 a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEE S. LASSER**PARTNER****01/02/2018**_____
Electronic Signature of Signing General Partner Detail_____
Date