# 2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A9900000015

Entity Name: LYRICH/ICOT INVESTORS, LTD.

### **Current Principal Place of Business:**

117 EAST WASHINGTON STREET LEWISBURG, WV 24901

# **Current Mailing Address:**

C/O CJM REALTY MANAGEMENT, INC. P.O. BOX 870 ST. PETERSBURG, FL 33731-0870

# FEI Number: 55-0668180

#### Name and Address of Current Registered Agent:

BURSIK, PETER D 470 3RD STREET SOUTH, SUITE 101 ST PETERSBURG, FL 33701 US FILED Mar 26, 2014 Secretary of State CC7908033960

Certificate of Status Desired: No

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

### General Partner Detail :

City-State-Zip: HANOVER NY 03755

| Document #      |                    | Document #      |                       |
|-----------------|--------------------|-----------------|-----------------------|
| Name            | COHEN, HARVEY M    | Name            | GORAN, MARILYN        |
| Address         | P.O. BOX 1667      | Address         | 12 MILLBANK ROAD      |
| City-State-Zip: | LEWISBURG WV 24901 | City-State-Zip: | POUGHKEEPSIE NY 12603 |
| Document #      |                    |                 |                       |
| Name            | COHEN, FREDERICK   |                 |                       |
| Address         | 14 COURTYARD       |                 |                       |

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: HARVEY M. COHEN

GP

Date

Electronic Signature of Signing General Partner Detail

Date