


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

06-15-2005 90038 013 \*\*\*\*50.00

**DOCUMENT # L02000002983**  
 1. Entity Name  
 LEXINGTON WATER COMPANY, L.L.C.




Principal Place of Business  
 16501 VIA VENITIA E.  
 DELRAY BEACH, FL 33484

Mailing Address  
 16501 VIA VENITIA E.  
 DELRAY BEACH, FL 33484

**14018024**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



05122005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 03-0394973 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCHNEIDERMAN, LES ESQ.  
 5301 N. FEDERAL HWY STE 130  
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent  
 Name Laleh Gottlieb  
 Street Address (P.O. Box Number is Not Acceptable)  
16501 Via Venitia E  
 City DeLray Beach FL Zip Code 33484

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 \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 7, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOTTLIEB, LALEH 16501 VIA VENTIA E. DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #