

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 05, 2004
Secretary of State**

DOCUMENT# L03000033293

Entity Name: LEXANGEL LLC

Current Principal Place of Business:

1017 CLUB SYLVAN DR.
D
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

PO BOX 679546
ORLANDO, FL 32867-954

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICOLAIDES, ALEXANDER S
4193 LAS PALMAS WAY
SARASOTA, FL 34238 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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: TAPIA, JOSEPH A
Address: 1017 CLUB SYLVAN DR. # D
City-St-Zip: ORLANDO, FL 32825

Title: MGR () Delete
Name: NICOLAIDES, ALEXANDER S
Address: 4193 LAS PALMAS WAY
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES:

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 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 electronic 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: ALEXANDER S NICOLAIDES MGR 04/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date