

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Oct 04, 2007
Secretary of State**

DOCUMENT# L05000075483

Entity Name: LEXI REALTY LLC

Current Principal Place of Business:

28911 SOUTH DIXIE HIGHWAY
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

28911 SOUTH DIXIE HIGHWAY
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 74-3149786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, YVETTE G
28911 SOUTH DIXIE HIGHWAY
HOMESTEAD, FL 33033 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/MANAGERS:

Title: MGR () Delete
Name: VALDES-PEREZ, JEANNINE Y
Address: 29395 SW 193 COURT
City-St-Zip: HOMESTEAD, FL 33030

Title: MGR () Delete
Name: VALDES, VIRGILIO V JR
Address: 29395 SW 193 COURT
City-St-Zip: HOMESTEAD, FL 33030

Title: MGR () Delete
Name: RODRIGUEZ FIOL, MANUEL M
Address: 28927 SOUTH DIXIE HIGHWAY
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VALDES, YVETTE G
Address: 29395 SW 193 COURT
City-St-Zip: HOMESTEAD, FL 33030

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 exemption stated in Chapter 119, 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: YVETTE G VALDES

MGR

10/04/2007

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