2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004982

Entity Name: LEXINGTON MANOR GP, INC.

Apr 23, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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300 N. GREENE STREET **SUITE 1000** GREENSBORO, NC 27401

New Mailing Address: Current Mailing Address:

300 N. GREENE STREET **SUITE 1000** GREENSBORO, NC 27401

FEI Number: 29-5224087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CT CORPORATION SYSTEM COOK, TIM 1825 RIDGEWOOD AVENUE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 HOLLY HILL, FL 32117

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: CONNIE BRYAN 04/23/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

HARRINGTON, EDWARD M BELL, JONATHAN D Name: Name:

300 N. GREENE STREET, SUITE 1000 300 N. GREENE STREET, SUITE 1000 Address: Address:

City-St-Zip: GREENSBORO, NC 27401 City-St-Zip: GREENSBORO, NC 27401

Title: Title: V/S (X) Change () Addition () Delete

BELL, JON Name: Name: BELL, E. DURANT

300 N. GREENE STREET, SUITE 1000 300 N. GREENE STREET, SUITE 1000 Address: Address: GREENSBORO, NC 27401 GREENSBORO, NC 27401 City-St-Zip:

City-St-Zip:

Title: (X) Change () Addition Title: () Delete D BELL, DAVID BELL, JONATHAN D Name: Name:

300 N. GREENE STREET, SUITE 1000 300 N. GREENE STREET, SUITE 1000 Address Address:

City-St-Zip: GREENSBORO, NC 27401 City-St-Zip: GREENSBORO, NC 27401

Title: () Delete Title: () Change (X) Addition

BELL, E. DURANT Name: Name:

Address: Address: 300 N. GREENE STREET, SUITE 1000

City-St-Zip: City-St-Zip: GREENSBORO, NC 27401

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 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: JONATHAN D. BELL 04/23/2009