

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004993

Entity Name: LEXINGTON BOCA LLC

FILED  
Apr 19, 2005  
Secretary of State

**Current Principal Place of Business:**

% LEXINGTON CORPORATE PROPERTIES TRUST  
ONE PENN PLAZA, SUITE 4015  
NEW YORK, NY 10119

**New Principal Place of Business:**

**Current Mailing Address:**

% LEXINGTON CORPORATE PROPERTIES TRUST  
ONE PENN PLAZA, SUITE 4015  
NEW YORK, NY 101194015

**New Mailing Address:**

FEI Number: 65-1006898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: LEXINGTON BOCA MANAG, ER LLC  
Address: ONE PENN PLAZA, SUITE 4015  
City-St-Zip: NEW YORK, NY 10119

**ADDITIONS/CHANGES:**

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: DIANNE R. SMITH, VP OF GENERAL PARTNER

VP

04/19/2005

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