

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004330

Entity Name: LEXINGTON DESIGNS, LLC

FILED  
May 19, 2008  
Secretary of State

## Current Principal Place of Business:

2411 WINDSOR WAY COURT  
WELLINGTON, FL 33414

## New Principal Place of Business:

2905 WINDING OAKS LANE  
WELLINGTON, FL 33414

## Current Mailing Address:

2411 WINDSOR WAY COURT  
WELLINGTON, FL 33414

## New Mailing Address:

2905 WINDING OAKS LANE  
WELLINGTON, FL 33414

FEI Number: 01-0657631      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CELINE, OLEXA  
2411 WINDSOR WAY COURT  
WELLINGTON, FL 33414      US

## Name and Address of New Registered Agent:

CELINE, OLEXA  
2905 WINDING OAKS LANE  
WELLINGTON, FL 33414      US

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: OCELINE

05/19/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: CELINE, OLEXA  
Address: 2411 WINDSOR WAY CT.  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: CELINE, OLEXA  
Address: 2905 WINDING OAKS LANE  
City-St-Zip: WELLINGTON, FL 33414

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: OCELINE

P

05/19/2008

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