

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000021145

1. Entity Name

LEXINGTON MOB INVESTORS LLC



Principal Place of Business

C/O THE DASCO COMPANINES LLC
3399 PGA BLVD., STE. 240
PALM BEACH GARDENS, FL

Mailing Address

C/O THE DASCO COMPANINES LLC
3399 PGA BLVD., STE. 240
PALM BEACH GARDENS, FL



01162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2113863

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ALP-LAURICH PARTNERSHIP LTD
STREET ADDRESS 512 E WASHINGTON ST., SUITE 200
CITY- ST- ZIP ORLANDO, FL 32801

TITLE MGRM
NAME SINA, MALCOLM
STREET ADDRESS 3399 PGA BLVD., SUITE 240
CITY- ST- ZIP PALM BEACH GARDENS, FL 33410

TITLE MGRM
NAME GALGANO, JAMES
STREET ADDRESS 3399 PGA BLVD., SUITE 240
CITY- ST- ZIP PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

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05/03/04-80033-010 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #