## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

U	AILOUM DOSHAE	33 NEPUN	i (UBN)				×		
DOCUMENT # L02000021145  1. Entity Name LEXINGTON MOB INVESTORS LLC					03 0CT 30 AM 8: 00				
Principal Plac	ce of Business	Mailing Address			SECRETARY DE STATE				
C/O THE DASCO COMPANINES LLC 3399 PGA BLVD STE. 240 PALM BEACH GARDENS FL		C/O THE DASCO COMPANINES LLC 3399 PGA BLVD STE. 240 PALM BEACH GARDENS FL			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4	FEI Number 54-211:	3863	<del> </del>	oplied For ot Applicable	
Zip	Country	Zip	Country		. Certificate of Status		\$5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7.	Name and Address	of New Registere	Agent		╛
CORPORATION CERMOS COMPANY						•			
120	RPORATION SERVICE COMPANY  1 HAYS STREET		Street /	Address (P.O	(P.O. Box Number is Not Acceptable)				-
IALI	LAHASSEE FL 32301								
			City			F	L Zip Code	e	
	named entity submits this statement fortions of registered agent.	the purpose of changing its	registered office of	r registered a	agent, or both, in the S	State of Florida. I ar	n familiar with,	and accept	1
SIGNATURE		7	Brien (	gentine Bentine		~"	103/03		
	Signature, typed or printed name of registered agent a	and title if applicable: (NOTI	: Registered Agent signa	™MHHH V. Pres.	reinstating)	DATE			]
		Make Check Payabl	OW!!! FEE IS S le to Florida De September 24	550.00 partment o		236196	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
9.	/MANAGING MEMBE		10.			DITIONS/CHANGE			-
TITLE	/ WAR COUNTY MEMBE	☐ Delete	TITLE	MERM	<del></del>			Addition	18
NAME		□ Delete	NAME	1000-101	IRIAN PARTNE	RSNIP LTO		Addition	1 2
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TITLE		☐ Delete	TITLE	MGRM			☐ Change	Addition	18
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CITY-ST-ZIP			CITY-ST-ZIP		THEN GREDER		ь		
TITLE		☐ Delete	TITLE	MERM	GAL GANO	<del></del> -	☐ Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		SERCH-GARD		WD		
TITLE		☐ Delete	TITLE	-		<u> </u>	☐ Change	☐ Addition	1
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CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		10730703=-0	36196 108001	**105.00	)	
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NAME			NAME	·	<b>-</b>	क्रम कर तह होता है। <b>विका</b> री	2	C., 9	
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TITLE		☐ Delete	TITLE	تأغسته الأخا	1000 6 230		Change -	Addition	
NAME ' STREET ADDRESS		•	NAME STREET ADDRESS	}					1
CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP					,	
11. I hereby of indicated	ertify that the information supplied with on this report is true and accurate and t	this filing does not qualify for hat my signature shall have t	the exemption sta he same legal effe	ted in Sectior ct as if made	n 119.07(3)(i), Florida under oath; that I am	Statutes, I further or a managing mem	ertify that the in	formation of the	

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 OB PENTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/24/03

(561)691-9900 Daytime Phone #