2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# L02000024029

Entity Name: FIRST LEXINGTON AT TARPON HIGHLANDS, LLC

Current Principal Place of Business:

P.O. BOX 670
PORT RICHEY, FL 34673

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 670
PORT RICHEY, FL 34673

New Mailing Address:

FEI Number: 82-0565096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

R. CARLTON, WARD
1253 PARK STREET
CLEARWATER, FL 33756 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: MGRM ( ) Delete
Name: FIEBE, CRAIG
Address: 5632 U.S. 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM ( ) Delete
Name: GALLAGHER, CRAIG
Address: 5632 U.S. 19
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FIEBE, CRAIG J
Address: 5632 U.S. 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM (X) Change ( ) Addition
Name: GALLAGHER, CRAIG S
Address: 5632 U.S. 19
City-St-Zip: NEW PORT RICHEY, FL 34652

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: CRAIG J. FIEBE MGRM 01/13/2004

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