

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024029

FILED
Apr 05, 2005
Secretary of State

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:

5623 US HIGHWAY 19
SUITE 201
NEW PORT RICHEY, FL 34652

Current Mailing Address:

P.O. BOX 670
PORT RICHEY, FL 34673

New Mailing Address:

P.O. BOX 670
PORT RICHEY, FL 34673 US

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:

WARD, R C P.A.
1253 PARK STREET
CLEARWATER, FL 33756 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: R. CARLTON WARD

04/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEXINGTON HOMES INC.,
Address: P.O. BOX 670
City-St-Zip: PORT RICHEY, FL 34673 US

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: CRAIG J. FIEBE

V

04/05/2005

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