

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024029

**FILED**  
**Apr 06, 2006**  
**Secretary of State**

**Entity Name:** FIRST LEXINGTON AT TARPON HIGHLANDS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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:**

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

**Name and Address of New Registered Agent:**

COOK, CHARLES  
5623 US HIGHWAY 19  
SUITE 201  
NEW PORT RICHEY, FL 34652 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:** CHARLES COOK

04/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** LEXINGTON HOMES INC.,  
**Address:** 5623 US HIGHWAY 19 SUITE 201  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

I hereby certify that the information supplied with this filing does not qualify for the 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:** CRAIG S GALLAGHER

PRES

04/06/2006

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