

## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L02000031624

LEXINGTON DEVELOPERS, LLC



**FILED** Apr 25, 2007 08:00 Al Secretary of State

Principal Place of Business

C/O PARMOUNT COMPANIES, LLC 6351 SUNSET DRIVE MIAMI, FL 33143

Mailing Address

C/O PARMOUNT COMPANIES, LLC 6351 SUNSET DRIVE MIAMI, FL 33143



## DO NOT WRITE IN THIS SPACE

01162007 No Chg-LLC CR2E083 (11/05)

	4. FEI Number		Applied For	
	81-0582529		Not Applicable	
	5. Certificate of Status Desired		S5.00 Additional Fee Required	
_	<del></del>			

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R 201 ALHAMBRA CIR. SUITE 601 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

		The state of the s	<u>`                                    </u>			
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. If 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)	d Agent signature required when reinstating) DATE			
Fi	iling Fee is \$50.00 ue by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS		•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM LEXINGTON HOLDINGS, LLC 6351 SUNSET DRIVE MIAMI, FL 33143		100000728619 18/07-80005-022 50.00			
NAME STREET AOORESS CITY-ST-ZIP			100000 022 30,00			
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE			
TITLE NAME STREET ADDRESS CITY ST-21P						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0/					

filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the powered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with the indicated on this report is true and excurate and in limited liability company or the recorder or truster of

SIGNATURE: SIGNATURE AND TYPED

R PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Royald Chaldsfore, NOT. 64/17/07

Daytime Phone #