

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90065 013 \*\*\*\*50.00

DOCUMENT # L03000009843

1. Entity Name  
LEX PROPERTIES L.L.C.



Principal Place of Business  
1851 NW 107TH AVENUE  
PLANTATION, FL 33322

Mailing Address  
1851 NW 107TH AVENUE  
PLANTATION, FL 33322

24060455



2. Principal Place of Business

16375 NE 18th AV

3. Mailing Address

16375 NE 18th AV

04272004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

315

Suite, Apt. #, etc.

315

4. FEI Number

75-311431

Applied For

Not Applicable

City & State

North Miami Bch FL

City & State

N Miami Bch FL

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

Zip

33162

Country

Zip

33162

Country

6. Name and Address of Current Registered Agent

MONTES, ALIX J ESQ.  
5999 BISCAYNE BLVD  
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I 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)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME MONTES, ALIX J  
STREET ADDRESS 5999 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI, FL 33137 ☐ Delete

TITLE MGRM  
NAME FRANCOIS, ULYSSE  
STREET ADDRESS 956 NW 167 TERRACE  
CITY-ST-ZIP PEMBROKE PINES, FL 33028 ☐ Delete

TITLE MGRM  
NAME LEX & ASSOCIATES CORP  
STREET ADDRESS 1851 NW 107TH AVENUE  
CITY-ST-ZIP PLANTATION, FL 33322 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM  
NAME LEX & ASSOCIATES CORP  
STREET ADDRESS 16375 NE 18th AV, Suite 315  
CITY-ST-ZIP NE Miami Bch, FL 33162 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #