## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L03000015889** 

1. Entity Name LEX D PALMS, LLC



FILED Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business

2110 N OCEAN BLVD

APT. 1802 FT. LAUDERDALE, FL 33305 Mailing Address

2110 N. OCEAN BLVD

APT. 1802 FT. LAUDERDALE, FL 33305



01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1871510

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DESIMONE, ALFRED A 2110 N. OCEAN BLVD APT. 1802

FT. LAUDERDALE, FL 33305

DO	NOT	WRITE
IN	THIS	SPACE

		-			
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 it applicable. (NOTE: Registered			Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESIMONE, ALFRED A 2110 N. OCEAN BLVD APT. 1802 FT. LAUDERDALE, FL 33305			. ,	
NAME STREET ADDRESS CITY-ST-ZIP	,			U00000734669 05/10/07-80003-003 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 7	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE			·		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

10413907

Daytime Phone #