

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2004 90068 016 ****50.00

DOCUMENT # L03000027351

1. Entity Name
LEXINGTON MKT LLC



Principal Place of Business
**11050 KENDALL DRIVE
SUITE 106
MIAMI, FL 33176 US**

Mailing Address
**11050 KENDALL DRIVE
SUITE 106
MIAMI, FL 33176 US**

24060619



2. Principal Place of Business

3. Mailing Address

04272004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-1181314

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name **RAUL L. CORREA**

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

11050 Kendall Drive, Suite 106

City **MIAMI**

FL

Zip Code **33176**

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, or if applicable

(NOTE: Registered Agent signature required when changing)

DATE

4.28.04

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

**Money owed payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **CORREA, RAUL L**
STREET ADDRESS **11050 KENDALL DRIVE, SUITE 106**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **MGRM** ☐ Delete
NAME **CORREA, GLADYS A**
STREET ADDRESS **11050 KENDALL DRIVE, SUITE 106**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **MGRM** ☐ Delete
NAME **CORREA, CAROLINA**
STREET ADDRESS **11050 KENDALL DRIVE, SUITE 106**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **MGRM** ☐ Delete
NAME **CORREA, RAOUL A**
STREET ADDRESS **11050 KENDALL DRIVE, SUITE 106**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

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

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 508, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4.28.04

305 271 6886