

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000027351

1. Entity Name
LEXINGTON MKT LLC



Principal Place of Business

11050 KENDALL DRIVE
SUITE 106
Y, FL 33176 US

Mailing Address

11050 KENDALL DRIVE
SUITE 106
MIAMI, FL 33176 US



07132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-1181314

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORREA, RAUL L
11050 KENDALL DRIVE, SUITE 106
MIAMI, FL 33176

**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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

July 14.06

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000573926
08/09/06-80003-002 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

July 14.06