2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# L03000033974

Entity Name: LEXICON RELOCATION, L.L.C.

Current Principal Place of Business:

815 SOUTH MAIN ST., 6TH FLOOR
ATTN: LORI EISCHEN
JACKSONVILLE, FL 32207

New Principal Place of Business:

815 S MAIN ST., 6TH FLOOR
ATTN: LORI EISCHEN
JACKSONVILLE, FL 32207

Current Mailing Address:

815 SOUTH MAIN ST., 6TH FLOOR
ATTN: LORI EISCHEN
JACKSONVILLE, FL 32207

New Mailing Address:

PO BOX 48088
ATTN: LORI EISCHEN
JACKSONVILLE, FL 32247

FEI Number: 20-0212873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNETT, JAMES G
815 SOUTH MAIN ST.
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	SABATALO, JOHN	
Address:	9823 CINCINNATI DAYTON RAOD	
City-St-Zip:	WESTCHESTER, OH 45069	
Title:	MGR	( ) Delete
Name:	PLANES, JOHN J	
Address:	9823 CINCINNATI DAYTON ROAD	
City-St-Zip:	WESTCHESTER, OH 45069	
Title:	MGR	( ) Delete
Name:	VAUGHN, BARRY S	
Address:	815 S MAIN ST	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	MGR	( ) Delete
Name:	DOYLE, GEORGE W	
Address:	815 S MAIN ST	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	MGR	( ) Delete
Name:	BARNETT, JAMES G	
Address:	815 S MAIN ST	
City-St-Zip:	JACKSONVILLE, FL 32207	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES G. BARNETT MGR 03/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date