2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# L03000033974

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

Current Principal Place of Business:

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

New Principal Place of Business:

815 S MAIN ST
ATTN: LORI EISCHEN
JACKSONVILLE, FL 32207

Current Mailing Address:

PO BOX 48088
ATTN: LORI EISCHEN
JACKSONVILLE, FL 32247

New Mailing Address:

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:

BARNETT, JAMES G
815 S MAIN ST
JACKSONVILLE, FL 32207 US

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: _____ 02/26/2009
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 02/26/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date