


FILED  
Feb 29, 2008 8:00 am  
Secretary of State

02-29-2008 90103 009 \*\*\*138.75

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # L04000020225</b>			
1. Entity Name <b>LAKE WORTH CENTER, LLC</b>			
Principal Place of Business 3440 SOUTH OCEAN BLVD. SUITE 204 NORTH PALM BEACH, FL		Mailing Address 8009 CREFELD STREET PHILADELPHIA, PA 19118	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>c/o Alexon Properties</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>PO Box 27404</i>	
City & State		City & State <i>Philadelphia PA</i>	
Zip	Country	Zip	Country
<i>19118</i>	<i>USA</i>	<i>19118</i>	<i>USA</i>
4. FEI Number 20-0895482		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02222008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  ROUSSO, MARK E ESQ 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEXANIAN, DIRAN 8009 CREFELD STREET PHILADELPHIA, PA 19118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>8203 St Martins Lane</i> <i>Philadelphia, PA 19118</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Dm...</i>		Date: <i>2/24/08</i> Daytime Phone #: <i>2152875290</i>	