

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023866

**FILED**  
**Apr 05, 2005**  
**Secretary of State**

**Entity Name:** LEXINGTON HOLDINGS, LLC

**Current Principal Place of Business:**

5623 US 19, STE 201  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

5623 US HIGHWAY 19  
SUITE 201  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

P.O. BOX 670  
PORT RICHEY, FL 34673

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

OZKILKIS, DONN  
5623 US 19, STE 201  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

WILLIAMS, DAVID W  
5623 US HIGHWAY 19  
SUITE 201  
NEW PORT RICHEY, FL 34652 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: DAVID W. WILLIAMS

04/05/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: GALLAGHER, CRAIG S  
Address: 6115 GUILFORD DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CRAIG S. GALLAGHER

P

04/05/2005

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