## 2006 LIMITED LIABILITY COMPANY

## **FILED** ANNUAL REPORT Mar 02, 2006 8:00 am **DOCUMENT # L05000033529** Secretary of State 1. Entity Name LEXINGTON ASSOCIATES, L.L.C. 02-10-2006 90170 006 \*\*\*\*50.00 Principal Place of Business Mailing Address 3110 S. PONTE VEDRA BLVD. 3110 S. PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For City & State 04-Not Applicable Ζiρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAKELA, O.K. Street Address (P.O. Box Number is Not Acceptable) 3110 S. PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL. 32082 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 . Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Fiting Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM Addition Octob TATLE ☐ Chance TILE MAKELA, O.K. NAME NAME STREET ADDRESS STREET ADDRESS 3110 S. PONTE VEDRA BLVD. CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZP Addition TITLE ☐ Detete nπ.ε ☐ Change NUME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZP ☐ Delete me TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-7P ITTLE ☐ Change ☐ Addition nne ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST- AP CITY-ST-77P Addition TITLE Delete TITLE ☐ Change NAME HARM STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Change ■ Addition ☐ Daleta TITLE TITLE

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 firnited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

CITY-51-ZIP

MAR STREET ADDRESS

STREET ADDRESS

CITY-ST-ZP

01-12-06 A, MANAGER, OR AUTHORIZED REPRESENTATIVE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2006

LEXINGTON ASSOCIATES, L.L.C. 3110 S. PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082

Subject: LEXINGTON ASSOCIATES, L.L.C.

Reference Number:

L05000033529

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

## /CJ ANNUAL REPORTS SECTION

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