

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90011 021 \*\*\*\*55.00

**DOCUMENT # L05000034728**

1. Entity Name  
**LEXINGTON LANE LLC**



Principal Place of Business  
**13 LEXINGTON LANE EAST  
UNIT #F  
PALM BEACH GARDENS, FL 33418 US**

Mailing Address  
**31 BOULEVARD AVE  
WEST ISLIP, NY 11795 US**

**20021580**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242006 Chg-LLC CR2E083 (11/05)

4. FEI Number

**20-2920170**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEO, FRANK  
301 SUN TERRACE COURT  
LAKE PARK, FL 33404**

7. Name and Address of New Registered Agent

Name **READER CO LLC**

Street Address (P.O. Box Number is Not Acceptable)

**5246 MOUNTAINS DR SOUTH**

City **LAKE WORTH**

FL

Zip Code **33467**

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]*

(NOTE: Registered Agent signature required when reinstating)

**3/26/06**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **CONNAUGHTON, WILLIAM T LLL**  
STREET ADDRESS **31 BOULEVARD AVE**  
CITY-ST-ZIP **WEST ISLIP, NY 11795**

TITLE **MGR** ☐ Delete  
NAME **CONNAUGHTON, DIANNE J**  
STREET ADDRESS **31 BOULEVARD AVE**  
CITY-ST-ZIP **WEST ISLIP, NY 11795**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

**3/26/06 631-6695783**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #