

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079732

Entity Name: LEXI 1504 LLC

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

19423 NE 17TH AVE.
NORTH MIAMI BEACH, FL 33179 D

New Principal Place of Business:

Current Mailing Address:

19423 NE 17TH AVE.
NORTH MIAMI BEACH, FL 33179 D

New Mailing Address:

19423 NE 17TH AVE.
NORTH MIAMI BEACH, FL 33179

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMULEVICH, PABLO D MR.
19423 NE 17TH AVE.
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMULEVICH, PABLO D MR
Address: 19423 NE 17TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGRM () Delete
Name: SMULEVICH, FERNANDO C MR
Address: 19423 NE 17TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGRM () Delete
Name: SLELATT, ISAAC MR
Address: 19423 NE 17TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: PABLO SMULEVICH

MM

04/21/2006

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