


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000094295	
1. Entity Name GAMLEX, LLC	

Principal Place of Business 6000 METRO WEST BOULEVARD, SUITE 105 ORLANDO, FL 32835	Mailing Address 6000 METRO WEST BOULEVARD, SUITE 105 ORLANDO, FL 32835
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DO NOT WRITE IN THIS SPACE



03292007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3803531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KANTOR, JOSEPH
6000 METRO WEST BOULEVARD, SUITE 105
ORLANDO, FL 32835

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEXON DEVELOPMENT, LLC 6000 METRO WEST BOULEVARD, SUITE 105 ORLANDO, FL 32835
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05/02/07-80065-025 50.00

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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:  _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE