


138.75

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**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**

**DO NOT WRITE IN THIS SPACE**

FILED  
08 APR -1 AM 10: 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01042008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number  
**20-3803531**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEXON DEVELOPMENT, LLC 6000 METRO WEST BOULEVARD, SUITE 105 ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Handwritten Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

9001-22232869  
04/04/08--01009--004 \*\*200.00

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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:** *[Handwritten Signature]*      **3-27-08**      **407296 4600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #