

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049109

Entity Name: LEXSPA, LLC

FILED
Mar 28, 2007
Secretary of State

Current Principal Place of Business:

777 S. FLAGLER DRIVE STE 300E
WEST PALM BEACH, FL 33401

New Principal Place of Business:

8511 WENDY LANE NORTH
WEST PALM BEACH, FL 33411

Current Mailing Address:

777 S. FLAGLER DRIVE STE 300E
WEST PALM BEACH, FL 33401

New Mailing Address:

8511 WENDY LANE NORTH
WEST PALM BEACH, FL 33411

FEI Number: 20-5203429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWDER, WAYNE T ESQ
777 S. FLAGLER DRIVE STE 300E
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

STUBBS, KRISTIN
8511 WENDY LANE NORTH
WEST PALM BEACH, FL 33411 US

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: KRISTIN STUBBS

03/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: CHAMBERLIN, JAMES M JR
Address: 8511 WENDY LANE N
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM () Change (X) Addition
Name: STUBBS, KRISTIN K
Address: 8511 WENDY LANE N
City-St-Zip: WEST PALM BEACH, FL 33411

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: KRISTIN STUBBS

MGRM

03/28/2007

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