

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90104 008 ***138.75

DOCUMENT # L06000090271

1. Entity Name
1755 LEXINGTON AVENUE, LLC



Principal Place of Business
120 EAST PALMETTO PARK ROAD, SUITE 100
BOCA RATON, FL 33432

Mailing Address
120 EAST PALMETTO PARK ROAD, SUITE 100
BOCA RATON, FL 33432

60011319



2. Principal Place of Business - No P.O. Box #
20283 State Road 7

3. Mailing Address
20283 State Road 7

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

01102008 Chg-LLC CR2E083 (12/06)

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
13-4344110

Applied For
Not Applicable

Zip
33498

Country
USA

Zip
33498

Country
USA

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

6. Name and Address of Current Registered Agent

JONATHAN J. LICHTMAN, P.A.
20283 STATE RD.7
SUITE 300
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NASS, ROBERT A P.O. BOX 244 DELAND, FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LICHTMAN, JONATHAN J 120 E. PALMETTO PARK ROAD, SUITE 100 BOCA RATON, FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COONE, JERRY E 1999 ARDMOOR DRIVE PORT ORANGE, FL 32128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Nass, Robert A. 905 Biscayne Blvd., #2 DeLand, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lichtman, Jonathan J. 20283 State Road 7, Suite 300 Boca Raton, FL 33498	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jonathan J. Lichtman, Mgr. 2-2608 (561) 869-3600

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

Date

Daytime Phone #