## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9900002578

LEXINGTON MANOR AT PORT CHARLOTTE, L.L.C.



## FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90137 046 \*\*\*\* 50.00

Principal Place	e of Business	Mailing Address					
7711 N. MILITARY TRAIL 3RD FLOOR PALM BEACH GARDENS FL 33410		7711 N. MILITARY TRAIL 3RD FLOOR PALM BEACH GARDENS FL 33410			581: BLE 18318 (BLI) BRIJI BBIJI 8871( B	<b>1</b> 111 <b>1111 1111</b> 1111 1111 11	I <b>J 0</b>
2. Principal Pl	ace of Business	3. Mailing Address	<del></del>	-			
7741 N. Military Trail		7741 N. Military Trail		] 1 1881	IDIA DIN (NIKU INKI NSIK NDIK BOKI N	\$115 BB110 11001 B1116 18	1881   BAT 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HEDE IE MAI	KING CHANGES	
Suite 1		Suite 1			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Num	nber 65-0919609	Ap	plied For
Palm Beach Gardens, FL		Palm Beach Gardens, FL			00.09 19009	<b>⊢———</b>	t Applicable
Zip	Country	Zip	Country	5 Cortificate of Status Decired   \$5.00 Additional			
33410	USA	33410	USA	5. Certifica	te of Status Desired	Fee Require	
	6. Name and Address of Current		I DIL	7. Name a	nd Address of New Registe		
7711 3RD	ICKEDANZ, WALDEMAR I N. MILITARY TRAIL FLOOR M BEACH GARDENS FL 33410	Street Address (P.O. Box Number is Not Acceptable) 7741 N. Military Trail, Suite 1  City Palm Beach Gardens  FL Zip Code 33410					
the obligation signature _	named entity submits this statement fo ons of registered agent.						and accept
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature requi	ired when reinstating)	Ď.	ATE	
9.	MANAGING MEMBE	Make Check Payab Du	OW!!! FEE IS \$50.00 le to Florida Departm e By May 1, 2003	-	ADDITIONS/CHAN	ICES	
·		<del></del>	<del></del>	ADDITIONS/ OF AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHICKEDANZ CAPITAL GROUD 7711 N. MILITARY TRAIL 3RD F PALM BEACH GARDENS FL 334			Military Trail, ch Gardens, FL		Addition Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TALIJ BENOTI GALBERTO LE GO	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ŭ.	☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby co	ertify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemption stated in S	Section 119 070	3Mi). Florida Statutes 1 furthe	☐ Change	☐ Addition
indicated (	on this report is true and accurate and oility company or the receiver or trustee	that my signature shall have	the same legal effect as if	f made under oa	th; that I am a managing me		

01/27/03

561-845-8797

Daytime Phone #