

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

0077057

DOCUMENT # M02000002599

1. Entity Name
LEXICOM, LLC



03-27-2003 90012 037 ****50.00

| | |
|--|--|
| Principal Place of Business 136 MADEIRA ISLAND MORADA FL 33036 | Mailing Address 136 MADEIRA ISLAND MORADA FL 33036 |
|--|--|



| | |
|---|---|
| 2. Principal Place of Business 136 Madeira Rd | 3. Mailing Address 136 Madeira Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

CHECK HERE IF MAKING CHANGES

| | |
|---------------------------------------|---------------------------------------|
| City & State Islamorada, FL | City & State Islamorada, FL |
| Zip 33036 | Zip 33036 |
| Country US | Country US |

| | |
|--|--|
| 4. FEI Number 52-209 3783 | 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

7. Name and Address of New Registered Agent

**FORD, TERRY
136 MADEIRA
ISLAND MORADA FL 33036**

| |
|--|
| Name Terry Ford |
| Street Address (P.O. Box Number is Not Acceptable) 136 Madeira |
| City Islamorada |
| State FL |
| Zip Code 33036 |

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 *[Signature]* DATE **3/24/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | |
|---|--|
| TITLE MGR | <input checked="" type="checkbox"/> Delete |
| NAME FORD, TERRY | |
| STREET ADDRESS 136 MADEIRA ISLAND | |
| CITY-ST-ZIP MORADA FL 33036 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--|--|
| TITLE MGR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Ford, Terry | |
| STREET ADDRESS 136 Madeira Road | |
| CITY-ST-ZIP Islamorada, FL 33036 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE **3/24/03** DAYTIME PHONE # **305 517 4089**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)