

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002471

**FILED**  
**Jan 15, 2007**  
**Secretary of State**

**Entity Name:** LEXINGTON FAMILY OFFICE, L.L.C.

**Current Principal Place of Business:**

140 SOUTH BEACH STREET  
SUITE 102  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

140 SOUTH BEACH STREET  
SUITE 102  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

444 SEABREEZE BLVD  
SUITE 890  
DAYTONA BEACH, FL 32118

**New Mailing Address:**

444 SEABREEZE BLVD  
SUITE 890  
DAYTONA BEACH, FL 32118

**FEI Number:** 90-0088965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JANSEN, MICHAEL W  
227 LEXINGTON DR.  
DAYTONA BEACH, FL 32114 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** LEXINGTON WEALTH MAN, AGEMENT, L.L.C .  
**Address:** 140 SOUTH BEACH STREET, SUITE 102  
**City-St-Zip:** DAYTONA BEACH, FL 32114

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** LEXINGTON WEALTH MAN, AGEMENT, L.L.C .  
**Address:** 444 SEABREEZE BLVD  
**City-St-Zip:** DAYTONA BEACH, FL 32118

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:** MICHAEL W JANSEN

MGR

01/15/2007

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