## 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M0400000124

Entity Name: LEXICON CAPITAL PARTNERS, LLC

FILED Oct 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

900 EAST ATLANTIC AVENUE 301 JOHN RINGLING BOULEVARD SUITE 7 ST. ARMANDS CIRCLE

DELRAY BEACH, FL 33483 SARASOTA, FL 34236 US

Current Mailing Address: New Mailing Address:

215 COURT ROAD 301 JOHN RINGLING BOULEVARD SECOND FLOOR ST. ARMANDS CIRCLE

WINTHROP, MA 02152 SARASOTA, FL 34236 US

FEI Number: 02-0704608 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

KOVNER, GARY J
900 EAST ATLANTIC AVENUE
SUITE 7
DELRAY BEACH, FL 33483 US
KOVNER, GARY J
301 JOHN RINGLING BOULEVARD
ST. ARMANDS CIRCLE
SARASOTA, FL 34236 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: GARY J. KOVNER 10/16/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

Name:KOVNER, GARY JName:KOVNER, GARY JAddress:900 EAST ATLANTIC AVENUEAddress:301 JOHN RINGLING BOULEVARDCity-St-Zip:DELRAY BEACH, FL 33483City-St-Zip:SARASOTA, FL 34236 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY J KOVNER MGR 10/16/2005