

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Oct 16, 2005
Secretary of State**

DOCUMENT# M04000000124

Entity Name: LEXICON CAPITAL PARTNERS, LLC

Current Principal Place of Business:

900 EAST ATLANTIC AVENUE
SUITE 7
DELRAY BEACH, FL 33483

New Principal Place of Business:

301 JOHN RINGLING BOULEVARD
ST. ARMANDS CIRCLE
SARASOTA, FL 34236 US

Current Mailing Address:

215 COURT ROAD
SECOND FLOOR
WINTHROP, MA 02152

New Mailing Address:

301 JOHN RINGLING BOULEVARD
ST. ARMANDS CIRCLE
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:

KOVNER, GARY J
900 EAST ATLANTIC AVENUE
SUITE 7
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: KOVNER, GARY J
Address: 900 EAST ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KOVNER, GARY J
Address: 301 JOHN RINGLING BOULEVARD
City-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

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