2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # M04000003508

1. Entity Name

LEXIN CELEBRATION II, LLC



Principal Place of Business

SIGNATURE:

C/O LEXIN CAPITAL, LLC//ATN: M. NEGRIN 654 MADISON AVENUE, SUITE 703 NEW YORK, NY 10021

Mailing Address

C/O LEXIN CAPITAL, LLC//ATN: M. NEGRIN 654 MADISON AVENUE, SUITE 703 NEW YORK, NY 10021

FILED Jan 17, 2006 8:00 am Secretary of State

01-17-2006 90057 046 ****55.00



01042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied Far	
84-1653965	Not Applicabl	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156

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 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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
Fi	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEXIN CAPITAL LLC 654 MADISON AVENUE, SUITE 703 NEW YORK, NY 10021				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT V	VRITE		
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indicated	on this report is true and accurate and that my signature s	qualify for the exemptions contained in Chapter 119, Florida Statute; thall have the same legal effect as if made under oath; that I am a necute this report as required by Chapter 608, Florida Statutes.	s. I further certify that the information nanaging member or manager of the		

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