

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003585

FILED
May 01, 2009
Secretary of State

Entity Name: LEXIN CAPITAL LLC

Current Principal Place of Business:

ATTN: MR. METIN NEGRIN
654 MADISON AVENUE, SUITE 703
NEW YORK, NY 10021

New Principal Place of Business:

ATTN: MR. METIN NEGRIN
654 MADISON AVENUE, SUITE 2205
NEW YORK, NY 10065

Current Mailing Address:

ATTN: MR. METIN NEGRIN
654 MADISON AVENUE, SUITE 703
NEW YORK, NY 10021

New Mailing Address:

ATTN: MR. METIN NEGRIN
654 MADISON AVENUE, SUITE 2205
NEW YORK, NY 10065

FEI Number: 30-0043271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156 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: LEXIN CAPITAL LLC
Address: 654 MADISON AVE., SUITE 703
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEXIN CAPITAL LLC
Address: 654 MADISON AVE., SUITE 2205
City-St-Zip: NEW YORK, NY 10065

I hereby certify that the information supplied with this filing does not qualify 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: METIN NEGRIN

P

05/01/2009

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