

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001110

FILED  
Jan 17, 2008  
Secretary of State

**Entity Name:** LEXINGTON FORT MEYERS MANAGER LLC

**Current Principal Place of Business:**

C/O LEXINGTON CORPORATE PROPERTIES  
ONE PENN PLAZA, SUITE 4015  
NEW YORK, NY 101194015

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LEXINGTON CORPORATE PROPERTIES  
ONE PENN PLAZA, SUITE 4015  
NEW YORK, NY 101194015

**New Mailing Address:**

C/O LEXINGTON CORPORATE PROPERTIES  
2 JERICHO PLAZA, WING A, SUITE 211  
JERICHO, NY 11753

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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 MULTI-STAT, E HOLDINGS L.P.  
Address: ONE PENN PLAZA, SUITE 4015  
City-St-Zip: NEW YORK, NY 101194015

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH BONVENTRE                      SVP                      01/17/2008

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