



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # M05000002960 1. Entity Name FFR LEXINGTON, LLC	
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Principal Place of Business C/O FOREST PROPERTIES MANAGEMENT 19 NEEDHAM STREET NEWTON HIGHLANDS, MA 02461	Mailing Address C/O FOREST PROPERTIES MANAGEMENT 19 NEEDHAM STREET NEWTON HIGHLANDS, MA 02461
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2727639	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

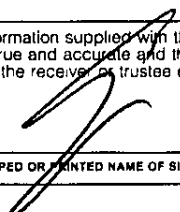
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FOREST FLORIDA REALTY, LLC 19 NEEDHAM STREET NEWTON HIGHLANDS, MA 02461
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05/01/07-80036-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **JEFFREY A. BURT** 4/19/07 (617) 630-9566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #