## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M05000005521**

1. Entity Name

LEXIN CELEBRATION III LLC



FILED Apr 10, 2007 08:00 All Secretary of State

Principal Place of Business

C/O LEXIN CAPITAL 654 MADISON AVENUE NEW YORK, NY 10021 Mailing Address

C/O LEXIN CAPITAL 654 MADISON AVENUE NEW YORK, NY 10021



03212007 No Chg-LLC

CR2E083 (11/05)

		A	 
	20-3567216		Not Applicable
4.	FEI Number		Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

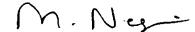
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156

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8. The above the obligation	named entity submits this statement for the purpose of char tions of registered agent,	nging its registered office or registered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent alignature required when reinstaling)	DATE
F D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEGRIN, METIN 654 MADISON AVE. NEW YORK, NY 10021		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		04	000000696550 18/07-80003-013 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	TWRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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.

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3/30/07