

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004318

Entity Name: LEXICON TITLE, LLC

FILED  
Apr 10, 2009  
Secretary of State

**Current Principal Place of Business:**

28377 DAVIS PARKWAY, SUITE 607-B  
WARRENVILLE, IL 60555

**New Principal Place of Business:**

1809 N. MILL ST.  
SUITE F  
NAPERVILLE, IL 60563

**Current Mailing Address:**

28377 DAVIS PARKWAY, SUITE 607-B  
WARRENVILLE, IL 60555

**New Mailing Address:**

1809 N. MILL ST.  
SUITE F  
NAPERVILLE, IL 60563

FEI Number: 26-3277072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GALLETS, EUNICE  
2825 SW 22ND AVE., SUITE 105  
DELRAY BEACH, FL 33445 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: MIZEN, GREGORY T  
Address: 28377 DAVIS PARKWAY, SUITE 607-B  
City-St-Zip: WARRENVILLE, IL 60555

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MIZEN, GREGORY T  
Address: 1809 N. MILL ST. - SUITE F  
City-St-Zip: NAPERVILLE, IL 60563

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: GREGORY T. MIZEN

MEMB

04/10/2009

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