2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2006 8:00 am Secretary of State

DOCUMENT # N11465 1. Entity Name LENOX MASTER ASSOCIATION, INC.						03-27-2006 90297 001 ***122.50			
Principal Place of Business Mailing Address 1731 NW 6 STREET PO BOX 14506						00	የ የተመታወ		
A GAINESVILLE, FL 32609 GAINESVILLE, FL 32609 US									
		1 9 Mailian Address							
2. Principal Place of Business		3. Mailing Address			1 10 11111 110	! 361 4 10 3 5 1		BIBLIILLI EL IBEL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102006	Chg-NP	CR2E037 (11/05)	
City & State		City & State		l t		4. FEI Number Applied For 59-2642724 Not Applied		Applied For Not Applicable	
Zip	Country	Zip 32609	00	country Lack	5. Certificate	of Status Desired	□ \$8.75 A Fee Requ	Additional ired	
	6. Name and Address of Current	t Registered Agent		Name	7. Name and	Address of New F	Registered Agent		
ED BAUR MANAGEMENT				Street Address (P.O. Box Number is Not Acceptable)					
1731 NW 6TH ST. GAINESVILLE, FL 32609				Sileet Address (F.O. Box Number is Not Acceptable)					
				City			r ∎ Zip C	ode	
				<u> </u>					
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 Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed harve or registered agen	панавия присоже	(14¢) E. Negisie	rea rigera aigratio	o logoroo montonomeng		DATE		
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06 380-2365