


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90016 015 \*\*\*\*61.25

<b>DOCUMENT # N99000001606</b>	
1. Entity Name <b>LEXINGTON OAKS OFFICE COMPLEX ASSOCIATION, INC.</b>	

Principal Place of Business <b>1546 METROPOLITAN BLVD STE 3 TALLAHASSEE, FL 32308</b>	Mailing Address <b>1546 METROPOLITAN BLVD STE 3 TALLAHASSEE, FL 32308</b>
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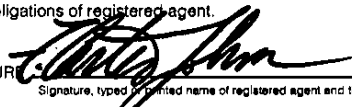
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>3202 DEL RIO TER.</b> Suite, Apt. #, etc.
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04042006 Chg-NP CR2E037 (11/05)

City & State <b>TALLAHASSEE FL</b>	4. FEI Number <b>62-1778207</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32312</b>	Country <b>LEON</b>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>TAYLOR, CAROLA S 1546 METROPOLITAN BLVD STE 3 TALLAHASSEE, FL 32308</b>	
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7. Name and Address of New Registered Agent Name <b>F. CARTER JOHNSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>3202 DEL RIO TER.</b> City <b>TALLAHASSEE</b> FL Zip Code <b>32312</b>	
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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: 	4/5/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROW, WILLIAM <input checked="" type="checkbox"/> Delete 1546 METROPOLITAN BLVD STE., 4 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, CAROLA S <input type="checkbox"/> Delete 1546 METROPOLITAN BLVD STE., 3 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIMBLIN, DEBBIE <input checked="" type="checkbox"/> Delete 1546 METROPOLITAN BLVD STE., 4 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, RAMSEY <input type="checkbox"/> Delete 1546 METROPOLITAN BLVD STE., 2 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D F. CARTER JOHNSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3202 DEL RIO TER TALLAHASSEE FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 empowered.

SIGNATURE: 	<b>F. CARTER JOHNSON</b>	4/5/06	850-524-3703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #