2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007
Secretary of State

DOCUMENT# N99000001606

Entity Name: LEXINGTON OAKS OFFICE COMPLEX ASSOCIATION, INC.

Current Principal Place of Business:

1546 METROPOLITAN BLVD
STE 3
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3202 DEL RIO TERRACE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 62-1778207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, F. CARTER
3202 DEL RIO TERRACE
TALLAHASSEE, FL 32312 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHNSON, F. CARTER
Address: 3202 DEL RIO TERRACE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: TAYLOR, CAROLA S
Address: 1546 METROPOLITAN BLVD STE., 3
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: WALTER, RAMSEY
Address: 1546 METROPOLITAN BLVD STE., 2
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. CARTER JOHNSON PD 06/25/2007

Electronic Signature of Signing Officer or Director — Date