



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

| | | |
|--|---|---|
| DOCUMENT # L03000009102 1. Entity Name REX, PINEL, GARDNER & WILLIAMS, LLC | |  |
| Principal Place of Business 940 NORTH HIGHLAND AV SUITE 100 ORLANDO, FL 32803 US | Mailing Address 940 NORTH HIGHLAND AVE SUITE 100 ORLANDO, FL 32803 US | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent PAHL, SHARON A 940 NORTH HIGHLAND AVENUE, SUITE 100 ORLANDO, FL 32803 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM REX, RANDALL L 940 NORTH HIGHLAND AVENUE, SUITE 100 ORLANDO, FL 32803 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PINEL, THOMAS H JR 940 NORTH HIGHLAND AVENUE, SUITE 100 ORLANDO, FL 32803 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GARDNER, CALVIN E 940 NORTH HIGHLAND AVENUE, SUITE 100 ORLANDO, FL 32803 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WILLIAMS, DARYL L 940 NORTH HIGHLAND AVENUE, SUITE 100 ORLANDO, FL 32803 | |
| 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. | | |
| SIGNATURE:  1/12/07 407-648-4886 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | |



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
01-0770376

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U000000586070
01/16/07-80037-012 50.00

**DO NOT WRITE
IN THIS SPACE**