


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90533 029 ****50.00

DOCUMENT # L04000081739

1. Entity Name
REX ADAMS, L.L.C.



Principal Place of Business
**3675 OSAGE STREET
 COCOA, FL 32926**

Mailing Address
**3675 OSAGE STREET
 COCOA, FL 32926**

20023065



2. Principal Place of Business
3705 N. Courtenay Pkwy.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03012005 Chg-LLC CR2E083 (10/03)

City & State
Merritt Island, Florida

City & State
 City & State

Zip
32953 Country
U.S.A.

4. FEI Number
20-1935332

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, REX
 3675 OSAGE STREET
 COCOA, FL 32926**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	ADAMS, REX	3675 OSAGE STREET	COCOA, FL 32926	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rex Adams **Rex Adams** 3-18-05 (321)633-1035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #