


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90011 004 ****50.00


DOCUMENT # L04000081739

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



Principal Place of Business 3705 NORTH COURTENAY PARKWAY MERRITT ISLAND, FL 32953 US	Mailing Address 3705 NORTH COURTENAY PARKWAY MERRITT ISLAND, FL 32953 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3675 Osage Street Suite, Apt. #, etc.
City & State	City & State Cocoa, FL
Zip	Country U.S.A.
Country	Zip 32926



03232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1935332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS, REX 3675 OSAGE STREET COCOA, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Rex Adams **Rex Adams** **3-24-06 (321)633-1035**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #