

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90016 047 ****50.00

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

Principal Place of Business
**800 5TH AVENUE SOUTH, SUITE 203
 NAPLES, FL 34102**

Mailing Address
**800 5TH AVENUE SOUTH, SUITE 203
 NAPLES, FL 34102**

20033962



2. Principal Place of Business
217A 8th Ave. South
 Suite, Apt. #, etc.

3. Mailing Address
217A 8th Ave. South
 Suite, Apt. #, etc.

04102006 Chg-LLC CR2E083 (11/05)

City & State
Naples, FL
 Zip **34102** Country

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Naples, FL
 Zip **34102** Country

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRIVAN, KENT A ESQ.
 LAW OFFICES OF KENT A. SKRIVAN, PLLC
 801 LAUREL OAK DRIVE, SUITE 705
 NAPLES, FL 34108**

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 *Peter Barakett* DATE 4/11/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **MGR** Delete
 NAME **BARAKETT, PETER**
 STREET ADDRESS **800 5TH AVENUE SOUTH, SUITE 203**
 CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **MGR** Change Addition
 NAME **BARAKETT, PETER**
 STREET ADDRESS **217A 8TH AVE. SOUTH**
 CITY-ST-ZIP **NAPLES, FL 34102**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Change Addition
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TITLE Change Addition
 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: *Peter Barakett* DATE 4/11/06 239-434-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #