2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000027221

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



FILED
Apr 25, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

600 FIFTH AVE. S.

SUITE 205

SIGNATURE:

NAPLES, FL 34102 US

600 FIFTH AVE. S. SUITE 205

NAPLES, FL 34102 US



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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223,	,			
8. The above	named entity submits this statement for the purpose of chan tions of registered agent	nging its registere	d office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE.				
310147101123	Signature, typed or printed name of registered agent and little if applicable	(NOTE Registered	Agent signature required when reinstating)	DATE
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BARAKETT, PETER 600 5TH AVE. S., STE 205 NAPLES, FL 34102		05	// /15/08-80012-016 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THI	S SPACE
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE