

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90020 003 ****50.00

DOCUMENT # L05000046661

1. Entity Name
J.D. REX, LLC



Principal Place of Business
986 DOUGLAS AVENUE, SUITE 100
ALTAMONTE SPRINGS, FL 32714

Mailing Address
986 DOUGLAS AVENUE, SUITE 100
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business

12700 BARTRAM PARK BLVD
SUITE, APT. #, etc.
#1810

3. Mailing Address

Terry J. Carlton, Esq.
SUITE, APT. #, etc.
1951 Clark Avenue

City & State

JACKSONVILLE, FL

City & State

Raleigh, NC

Zip

32258

Country

USA

Zip

27605

Country

USA

01042006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3711239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STARK, CHARLES H
986 DOUGLAS AVENUE, SUITE 100
ALTAMONTE SPRINGS, FL 32714

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE MGRM ☒ Delete
NAME STARK, CHARLES H
STREET ADDRESS 986 DOUGLAS AVENUE, SUITE 100
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☐ Addition
NAME JERRY D. REX
STREET ADDRESS 12700 BARTRAM PARK BLVD
CITY-ST-ZIP #1810 JACKSONVILLE, FL 32258

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-24-06

Date

804-832-1364

Daytime Phone #