File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.
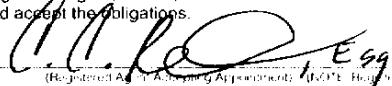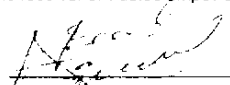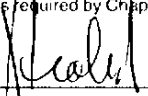
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	FILED ᴖ APR 23 ᴖ 5: 09 SECRETARY ᴖ STATE

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company   **DOCUMENT #** L97000001453

REX QUALITY DEVELOPMENT, L.C.
P.O. BOX 340
LAKE HAMILTON FL 33851

1a. Principal Place of Business Address
1025 ALT 27 NORTH
LAKE HAMILTON FL

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified 12/31/1997	3a. State of Formation FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3477137	☐ Applied For ☐ Not Applicable
City & State	City & State		
Zip Country	Zip Country	5. Date of Last Report 05/04/1998	6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
REX, ROBERT 1413 COVINGTON COURT LAKE WALES FL 33853	Name Cynthia Crofoot Rignanese, Esquire
	Street Address (P.O. Box Number is Not Acceptable) 198 First Street South
	Suite, Apt. #, etc.
	City Winter Haven, **FL** Zip Code 33880

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ Esq   DATE 4-13-99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	REX, ROBERT	1413 COVINGTON COURT	LAKE WALES FL
MGRMEM	Feoli, Jr., Adriano	1025 Alt 27 North	Lake Hamilton, FL 33851
MGRMEM	Feoli, Juan Carlos	1025 Alt 27 North	Lake Hamilton, FL 33851

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                                       -04/29/99--01093--018
                                       ****188.75 ****188.75

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address

SIGNATURE: _____ X _____   4-13-99   941-439-1904