2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

DOCUMENT # M0600003895 1. Entity Name REX OWNER LLC				04-26-2007 90042 021 ****50.00		
Principal Place of Business C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE STE 114 JACKSONVILLE, FL 32202	ITAL PARTNERS, INC. C/O CAPITAL PARTNERS, INC. DEPENDENT DRIVE STE 114 ONE INDEPENDENT DRIVE STE 114				ii	
Principal Place of Business - No P.O. Box # 3. Mailing Address						
One Independent Drive			re	04242007 Chg-LLC CR2E083 (12/06)		
City & State State City & State				4. FFI Number Applied F		
Jacksonville, FL	Country			20-5181286 Not Appl		
32202	32202	Country		5. Certificate of Status Desired		
6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent		
EVANS, WILLIAM G			Name			
C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE STEFF Suite 1850		Street /	Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE, FL 32202		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	and title if applicable. (NOTE:	Registered Agent signs	iture required	ad when reinstating) DATE	-	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State		
9. MANAGING MEMBE	ERS/MANAGERS	10.		ADDITIONS/CHANGES		
TITLE MGR NAME REX MANAGER LLC STREET ADDRESS ONE INDEPENDENT DRIVE 97	☐ Delete	TITLE NAME STREET ADDRESS	50	77-e 1850	Addition	
CITY-ST-ZIP JACKSONVILLE, FL 32202		CITY-ST-ZIP	<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ A	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ A	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change A	Addition	
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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
SIGNATURE: SIGNATURE AND APPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date						
SIGRATURE AND MITED OR PRINTED NAME C	II GOGINETANAGING MEMPER, MAN	AGEN, ON AUI HUMES	- MERKESE	Daysing 1 total Page 1 total 8		