

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000003540

1. Entity Name  
ADLER DIXIE GP LLC



Principal Place of Business  
1400 NORTHWEST 107TH AVE.  
MIAMI, FL 33172-2704

Mailing Address  
1400 NORTHWEST 107TH AVE.  
MIAMI, FL 33172-2704



03292004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1000298

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LEVY, JOEL  
1400 NORTHWEST 107TH AVE.  
MIAMI, FL 33172-2704

**DO NOT WRITE  
IN THIS SPACE**

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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ADLER, MICHAEL  
1400 NORTHWEST 107TH AVE.  
MIAMI, FL 331722704

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ASEV  
LEVY, JOEL  
1400 NORTHWEST 107TH AVE.  
MIAMI, FL 331722704

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MARTINEZ, JOSE  
1400 NORTHWEST 107TH AVE.  
MIAMI, FL 331722704

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
ARRIZURIETTA, LUIS  
1400 NORTHWEST 107TH AVE.  
MIAMI, FL 331722704

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
ADLER, LINDA K  
1400 NORTHWEST 107TH AVE.  
MIAMI, FL 331722704

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOP  
ADLER, MICHAEL M  
1400 NW 107 AVE.  
MIAMI, FL 33172

U000009139378  
04/29/04-80119-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I 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 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, OR AUTHORIZED REPRESENTATIVE

Linda K. Adler  
Asst. Secy.

4/27/04

Date

305-392-4051

Daytime Phone #