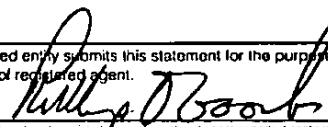
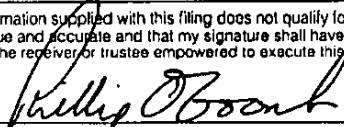


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

04-04-2006 90009 003 ****50.00

DOCUMENT # L05000011406			
1. Entity Name HEF-DIXIE COURT DEVELOPMENT, LLC			
Principal Place of Business 901 NW 10TH AVE FT LAUDERDALE, FL 33311		Mailing Address 901 NW 10TH AVE FT LAUDERDALE, FL 33311	
2. Principal Place of Business 437 SW 4 AVE Suite, Apt. #, etc.		3. Mailing Address 437 SW 4 AVE Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL Zip 33315 Country		City & State FT. LAUDERDALE, FL Zip 33315 Country	
4. FEI Number 20-2287746		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GOOMBS, PHILIP O 901 NW 10TH AVE FT LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name GOOMBS, PHILIP O Street Address (P.O. Box Number is Not Acceptable) 437 SW 4 AVE City FT. LAUDERDALE FL Zip Code 33315	
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  DATE 4-17-06 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition NEW MANAGING MEMBER HOUSING ENTERPRISES OF FT. LAUDERDALE, FLORIDA INC 437 SW 4 AVE FT. LAUDERDALE, 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE 04-17-06 (954) 525-6444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	