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	Mailing Address
901 NW 10TH AVE FT LAUDERDALE, FL 33311	901 NW 10TH AVE FT LAUDERDALE, FL 33311

04112006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
437 SW 4 AVE	437 SW 4 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE, FL
Zip: 33315 Country:	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	7. Name and Address of New Registered Agent
GOOMBS, PHILIP O ~~901 NW 10TH AVE~~ FT LAUDERDALE, FL 33311	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 [signature] 4-17-06
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE ~~MGR~~ MANAGING MEMBER NAME HOUSING ENTERPRISES OF FT. LAUDERDALE, FLORIDA INC STREET ADDRESS / CITY-ST-ZIP 437 SW 4 AVE FT. LAUDERDALE, 33315	☐ 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
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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: [signature] 04-17-06 (954) 525-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #