

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022639

FILED
Feb 21, 2007
Secretary of State

Entity Name: DIXIE HIGHWAY LAND DEVELOPMENT, L.L.C.

Current Principal Place of Business:

603 QUEENS LOOP NORTH
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

603 QUEENS LOOP NORTH
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 20-4603350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARD, C. GLENN
1955 EAST OAKLAND PARK BLVD., SUITE 106
FORT LAUDEDALE, FL 33306 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARTMANN, ISAAC B
Address: 603 QUEENS LOOP NORTH
City-St-Zip: LAKELAND, FL 33083

Title: MGRM () Delete
Name: HARTMANN, WILLIAM A
Address: 6733 E. POLEY CREEK DRIVE
City-St-Zip: LAKELAND, FL 33811

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: TICE, JUSTIN L
Address: 3515 FLAMINGO LANE
City-St-Zip: MULBERRY, FL 33860

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ISAAC B HARTMANN

MGRM

02/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date