


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90075 013 \*\*\*138.75

**DOCUMENT # L06000034938**

1. Entity Name  
 2075 DIXIE, LLC



Principal Place of Business      Mailing Address  
 114 HIGHLINE DRIVE      PO BOX 520021  
 LONGWOOD, FL 32750 — US      LONGWOOD, FL 32752-0021 US  
*117 S FRENCH AV SANFORD FL 32771-1163*



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

05122008    Chg-LLC    CR2E083 (12/06)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
 75-3213214      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

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

BANTA, SCOTT  
~~114 HIGHLINE DRIVE~~  
~~LONGWOOD, FL 32750~~

*117 S FRENCH AV  
 SANFORD FL 32771-1163*

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

Make check payable to  
**Florida Department of State**

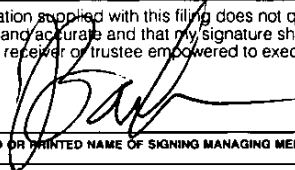
**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BANTA, SCOTT,	
STREET ADDRESS	<del>114 HIGHLINE DRIVE</del>	→
CITY-ST-ZIP	<del>LONGWOOD, FL 32750</del>	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRAUN, PATRICK,	
STREET ADDRESS	<del>114 HIGHLINE DRIVE</del>	→
CITY-ST-ZIP	<del>LONGWOOD, FL 32750</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>117 S FRENCH AVE</i>	
STREET ADDRESS	<i>SANFORD FL 32771-1163</i>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>117 S FRENCH AV</i>	
STREET ADDRESS	<i>SANFORD FL 32771-1163</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**       *5-1-08*      *407 947 9722*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #