
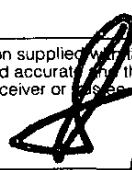


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90064 020 \*\*\*138.75

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # L07000061885</b><br>1. Entity Name<br><b>3215 SOUTH DIXIE, LLC</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>501 SOUTH FLAGLER DRIVE, SUITE 307<br/>WEST PALM BEACH, FL 33401</b>  |  |   | Mailing Address<br><b>501 SOUTH FLAGLER DRIVE, SUITE 307<br/>WEST PALM BEACH, FL 33401</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address<br><b>450 Northridge Parkway</b> |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.<br><b>Suite 300</b>             |  |   |  |
| City & State  |  | City & State<br><b>Atlanta, GA</b>                  |  |   |  |
| Zip   | Country  | Zip<br><b>30350</b>                                 | Country<br><b>USA</b>  | 4. FEI Number<br><b>26-0351107</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JONES FOSTER SERVICE, LLC<br/>505 SOUTH FLAGLER DRIVE, SUITE 1100<br/>WEST PALM BEACH, FL 33401</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |  |   |  | <b>Make check payable to</b><br><b>Florida Department of State</b>                |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |   | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Managing Member</b><br><b>6611 Flagler Drive, LLC</b><br><b>450 Northridge Parkway, Suite 300</b><br><b>Atlanta, GA 30350</b> |   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____  |   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____  |   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____  |   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____  |   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____  |   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> 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 assignee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |   |  |   |  |
| <b>SIGNATURE:</b>  <b>Charles S. Roberts</b> <span style="float: right;"><b>2/6/08 770-394-6000</b></span>   |  |   |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |   |  |   |  |