

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000061885

Entity Name: 3215 SOUTH DIXIE, LLC

**FILED**  
**Feb 23, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

501 SOUTH FLAGLER DRIVE, SUITE 307  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

450 NORTHRIDGE PARKWAY  
SUITE 300  
ATLANTA, GA 30350

**Current Mailing Address:**

450 NORTHRIDGE PARKWAY  
SUITE 300  
ATLANTA, GA 30350

**New Mailing Address:**

FEI Number: 26-0351109      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401      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: 6611 FLAGLER DRIVE,, LLC  
Address: 450 NORTHRIDGE PARKWAY, SUITE 300  
City-St-Zip: ATLANTA, GA 30305

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES S. ROBERTS

MGRM

02/23/2009

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