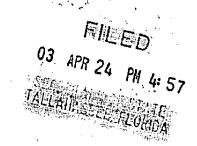
DOCUMENT # 1. Entity Name

DIXIE DADELAND CORNER, LTD.



Mailing Address 1400 N.W. 107TH AVENUE Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI FL 33172-2704 MIAMI FL 33172-2704





| Principal Place of Business 3. Mailing Address | | | | | | |
|--|--------------------------------|-----------------------------------|--------------------|---|--|-----------------------------------|
| Suite, Apt. #, etc. City & State | | Suite, Apt. #, etc. City & State | | DUE BY MAY 1, 2003 | | |
| | | | | 4. FEI Number 65-1057105 | Applied For Not Applicable | |
| Zip | Country | Zip | Zip Country | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| LEVY, JOEL 1400 N.W. 107TH AVENUE | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | |
| MIAMI FL 331 | 172-2704 | | | | | |
| | • | | | City | | Zip Code |
| | ned entity submits this statem | nent for the purpose of chang | ging its registere | ed office or regist | tered agent, or both, in the State of Florida. I | |

the obligations of registered agent.

04/24/03--01066--005

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions

\$985,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. | GENERAL PARTNER INFORMATION | 13. | ADDRESS CHANGES ONLY |
|-------------------------------|---|----------------|----------------------|
| NAME / | .00000003118 ADLER DIXIE LLC | STREET ADDRESS | |
| | 1400 N.W. 107TH AVENUE MIAMI FL 33172-2704 | CITY-ST-ZIP | |
| DOCUMENT # NAME | | STREET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # NAME | | STREET ADDRESS | |
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| STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT ≠ NAME | | STREET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: