


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 JAN 23 AM 9:21

DOCUMENT # A0600000281 1. Entity Name ROBERT M. DIXON FAMILY LIMITED PARTNERSHIP, LLLP	
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Principal Place of Business 240 GULFSHORES DRIVE, UNIT 733 DESTIN, FL 32541-5049	Mailing Address 240 GULFSHORES DRIVE, UNIT 733 DESTIN, FL 32541-5049
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	Zip	Country



01162007 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DIXON, ROBERT M 240 GULFSHORES DRIVE, UNIT 733 DESTIN, FL 32541-5049		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

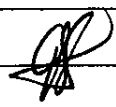
4. FEI Number 58-2554348	Applied For Not Applicable
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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	
DOCUMENT #	DIXON, ROBERT M	STREET ADDRESS	
NAME	240 GULFSHORES DRIVE, UNIT 733	CITY - ST - ZIP	
STREET ADDRESS	DESTIN, FL 325415049		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

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 01/25/07--01040--016 **500.00

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Robert M Dixon 1/18/07 334-734-2307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #