


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A06000000281**

1. Entity Name  
**ROBERT M. DIXON FAMILY LIMITED PARTNERSHIP, LLLP**



Principal Place of Business  
**240 GULFSHORES DRIVE, UNIT 733  
 DESTIN, FL 32541-5049**

Mailing Address  
**240 GULFSHORES DRIVE, UNIT 733  
 DESTIN, FL 32541-5049**



**DO NOT WRITE IN THIS SPACE**

03202008 No Chg-LP CR2E003 (12/06)

4. FEI Number  
**58-2554348**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

**DIXON, ROBERT M  
 240 GULFSHORES DRIVE, UNIT 733  
 DESTIN, FL 32541-5049**

**DO NOT WRITE  
 IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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**

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

U00000967567  
 04/08/08-80077-004 500.00

**DO NOT WRITE  
 IN THIS SPACE**

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* 3/23/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

DUPLICATE CHECK HERE