


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

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

<b>DOCUMENT # A06000000281</b>	
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
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**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 <input type="checkbox"/>	<b>\$8.75</b> 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 STREET ADDRESS CITY-ST-ZIP	DIXON, ROBERT M 240 GULFSHORES DRIVE, UNIT 733 DESTIN, FL 325415049
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 04/08/08-80077-004 500.00

**DO NOT WRITE  
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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 #

SAMPLE CHECK HERE