


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -6 AM 8: 54

DOCUMENT # A06000000545 1. Entity Name DIXIE COMMERCE LP	
---	---

Principal Place of Business 455 3RD LANE SW VERO BEACH, FL 32962	Mailing Address 455 3RD LANE SW VERO BEACH, FL 32962
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



04282008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-4668537	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent BIRAN C HERNDON, PA 6410 S US HIGHWAY 1 1971 SE Port St. Lucie Blvd PORT ST LUCIE, FL 34952

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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	13. ADDRESS CHANGES ONLY
DOCUMENT # P06000049393 NAME LUCAS MANAGEMENT INC STREET ADDRESS 455 3RD LANE SW CITY-ST-ZIP VERO BEACH, FL 32962	STREET ADDRESS CITY-ST-ZIP 500128362145 05/05/08--01015--003 **500.00
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	

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: Paul L. Lucas 4/29/08 772-561-0625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #