


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # A93000001125</b><br>1. Entity Name<br>DIXIE HEALTH CARE CENTERS, L.P. (LIMITED PARTNERSHIP) |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>4415 PHEASANT RIDGE ROAD, SUITE 301<br>ROANOKE, VA 24014 | Mailing Address<br>4415 PHEASANT RIDGE ROAD, SUITE 301<br>ROANOKE, VA 24014 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03282006 No Chg-LP

CR2E003 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>54-1691902                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>NRAI SERVICES, INC.<br>2731 EXECUTIVE PARK DRIVE<br>SUITE 4<br>WESTON, FL 33331 |
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**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 05/09/06-80054-022 500.00

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 #                      | M00000001808                        |
| NAME                            | DIXIE INVESTORS, LLC                |
| STREET ADDRESS                  | 4415 PHEASANT RIDGE ROAD, SUITE 301 |
| CITY - ST - ZIP                 | ROANOKE, VA 24014                   |
| DOCUMENT #                      |                                     |
| NAME                            |                                     |
| STREET ADDRESS                  |                                     |
| CITY - ST - ZIP                 |                                     |
| DOCUMENT #                      |                                     |
| NAME                            |                                     |
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| CITY - ST - ZIP                 |                                     |
| DOCUMENT #                      |                                     |
| NAME                            |                                     |
| STREET ADDRESS                  |                                     |
| CITY - ST - ZIP                 |                                     |
| DOCUMENT #                      |                                     |
| NAME                            |                                     |
| STREET ADDRESS                  |                                     |
| CITY - ST - ZIP                 |                                     |

**DO NOT WRITE IN THIS SPACE**

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:** JAMES R. SMITH 3/29/06 540-772-6329

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