


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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 11:10

DOCUMENT # A93000001125	
1. Entity Name DIXIE HEALTH CARE CENTERS, L.P. (LIMITED PARTNERSHIP)	

Principal Place of Business 4415 PHEASANT RIDGE ROAD, SUITE 301 ROANOKE, VA 24014	Mailing Address 4415 PHEASANT RIDGE ROAD, SUITE 301 ROANOKE, VA 24014
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2. Principal Place of Business - No P.O. Box # 4423 Pheasant Ridge Road Suite, Apt. #, etc. Suite 301 City & State Roanoke, VA Zip 24014 Country USA	3. Mailing Address 4423 Pheasant Ridge Road Suite, Apt. #, etc. Suite 301 City & State Roanoke, VA Zip 24014 Country USA
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03312008 Chg-LP CR2E003 (12/06)

4. FEI Number 54-1691902	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 NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_  
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**

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 05/02/08--01003--007 \*\*638.76

**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 # NAME STREET ADDRESS CITY - ST - ZIP	M00000001808 DIXIE INVESTORS, LLC 4415 PHEASANT RIDGE ROAD, SUITE 301 ROANOKE, VA 24014	STREET ADDRESS CITY - ST - ZIP	4423 Pheasant Ridge Road, Suite 301 Roanoke, VA 24014
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/31/08  
 Date

Daytime Phone #

STAPLE CHECK HERE