

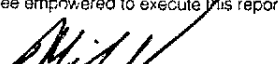


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000001693</b> 1. Entity Name MJM DIXIE LIMITED PARTNERSHIP					
Principal Place of Business 3181 NORTH 34TH STREET HOLLYWOOD, FL 33021			Mailing Address 3181 N. 34TH STREET HOLLYWOOD, FL 33021		
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		02082005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>65-0854153</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>HABER, ROBERT M</b> <b>520 BRICKELL KEY DRIVE, SUITE 0-305</b> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and agent accepted, LLC</small>					
9. Capital Contributions as Shown on record. <b>-\$314,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000061941 MJM DIXIE MANAGEMENT CORPORATION 3181 N. 34TH STREET HOLLYWOOD, FL 33021		STREET ADDRESS CITY-ST-ZIP	000000235759 02/19/05 00017 017 535.00	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			2/11/05 9516122855		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE