

2001 UNIFORM BUSINESS REPORT (UBR)

0012450 AF

DOCUMENT # **A99000001227**

1. Entity Name

DIXON INVESTORS, LTD.

FILED
01 APR 30 PM 6:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 101 SEABREEZE BLVD., #105 DAYTONA BEACH FL 32118	Mailing Address P.O. BOX 4235 ORMOND BEACH FL 32175
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3590782**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOUCKS, WILLIAM E
444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH FL 32118

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$22,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # **L01000005358**
 NAME **VANGUARD INVESTMENT PROPERTIES, LLC**
 STREET ADDRESS **101 SEABREEZE BLVD., #105**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700004213437-2
CITY-ST-ZIP	-05/14/01-01008-001
	****242.75 ****242.75

Handwritten note:
 STOP - 154000005358
 STOP \$8.75

DOCUMENT #
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 CITY-ST-ZIP

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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: *William E Loucks* **W E LOUCKS** **4/25/01** **386/6729080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)