


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

05 APR 19 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A99000001227</b> 1. Entity Name DIXON INVESTORS, LTD.	
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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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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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03292005 Chg-LP CR2E003 (10/03)

City & State  Zip Country	City & State  Zip Country
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4. FEI Number 59-3590782	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  LOUCKS, WILLIAM E 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> 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

9. Capital Contributions as Shown on record <b>\$22,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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	STREET ADDRESS  CITY-ST-ZIP
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 05/09/05--01011--007 \*\*242.75

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Sarah D Vandagriff** 4/15/2005 386/672 9080  
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #