


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 10:39

DOCUMENT # A99000001227

1. Entity Name
 DIXON INVESTORS, LTD.

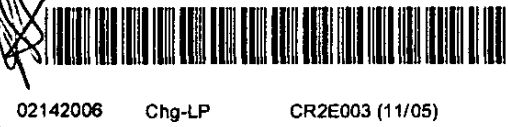


Principal Place of Business
 101 SEABREEZE BLVD., #105
 DAYTONA BEACH, FL 32118

Mailing Address
 P.O. BOX 4235
 ORMOND BEACH, FL 32175

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



4. FEI Number
 59-3590782

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Delahunty, Tarance J
 Street Address (P.O. Box Number is Not Acceptable): Foley & Lardner LLP
 111 N. Orange Ave., Suite 1800
 City: Orlando FL Zip Code: 32801

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: *[Signature]* DATE: 4/10/06

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L04000037034	STREET ADDRESS	
NAME	VIP DIXON, LLC	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 4235		
CITY-ST-ZIP	ORMOND BEACH, FL 32175		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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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: *[Signature]* Sarah D Vandagriff DATE: 4/10/06 386/6729080

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