


**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



02142006 Chg-LP CR2E003 (11/05)

4. FEI Number  
 59-3590782

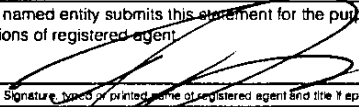
Applied For  
 Not Applicable

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:  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

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


13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP

300074077343  
 05/05/06--01043--013 \*\*500.00

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:  Sarah D. Vandagriff DATE: 4/10/06 Daytime Phone #: 386/6729080