


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

**FILED  
Mar 18, 2005 08:00 AM  
Secretary of State**

DOCUMENT # B02000000315					
1. Entity Name M. C. DIXON FAMILY LIMITED PARTNERSHIP, LLLP					
Principal Place of Business 943 BAMBI DR DESTIN, FL 32541			Mailing Address PO BOX 99 EUFAULA, AL 36072		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2381781	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIXON, MICHAEL C SR 943 BAMBI DR DESTIN, FL 32541			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$7,500.00		10. Amount of Capital Contributions in FLORIDA to date. \$7,500.00			
<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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	DIXON, MICHAEL C SR.		CITY - ST - ZIP		
STREET ADDRESS	943 BAMBI DR				
CITY - ST - ZIP	DESTIN, FL 32541				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	DIXON, ROBERT M SR.		CITY - ST - ZIP		
STREET ADDRESS	240 GULF SHORE DR, UNIT 733				
CITY - ST - ZIP	DESTIN, FL 32541				
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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)(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: <i>Michael C Dixon</i>			3.8.05		334-734-3494
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>



02112005 Chg-LP CR2E003 (10/03)

4. FEI Number 58-2381781 Applied For Not Applicable

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

DIXON, MICHAEL C SR  
943 BAMBI DR  
DESTIN, FL 32541

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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10. Amount of Capital Contributions in FLORIDA to date. \$7,500.00

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SIGNATURE: *Michael C Dixon* 3.8.05 334-734-3494  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #