2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# L01000003620

Entity Name: MIXON GEORGIA GENERAL PARTNER, LLC

Current Principal Place of Business:

1900 5TH STREET, N.W.
WINTER HAVEN, FL 33881

New Principal Place of Business:

1900 5TH STREET NW
WINTER HAVEN, FL 33881

Current Mailing Address:

POST OFFICE BOX 3036
WINTER HAVEN, FL 338853036

New Mailing Address:

PO BOX 3036
WINTER HAVEN, FL 33885

FEI Number: 59-3709025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERTRAND, ROBERT J
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

DYAL, LUCIUS M JR
1900 FIFTH ST NW
WINTER HAVEN, FL 33881 US

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: LUCIUS M DYAL 02/16/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: MIXON, GERALD M SR
Address: 1900 5TH STREET, N.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MIXON, KEITH D
Address: 1900 FIFTH ST NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGR ( ) Change (X) Addition
Name: DETJEN, SCARLET D
Address: 1900 FIFTH ST NW
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SCARLET DETJEN MGR 02/16/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date