2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000007885

1. Entity Name
MIXON PLAZA, L.L.C.

Principal Place of Business	Mailing Address
745 N BEAL PKWY FORT WALTON BEACH, FL 32548	93 EAST KATHY LANE FREEPORT, FL 32439

DO NOT WRITE IN THIS SPACE

04242007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3719018	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MIXON, STEVEN E
93 E KATHY LN
FREEPORT, FL 32439

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MIXON, STEVEN E
STREET ADDRESS	93 E KATHY LN
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	MGRM
NAME	MIXON, MICHAEL D
STREET ADDRESS	600 LOMBARD CIR
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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05/18/07-80094-018 50.00

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11. 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 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: _Steven C. Mixon_, STEVEN E. MIXON   (850)897-7585   4-24-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #