


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000015914 1. Entity Name MIXON PROPERTIES, L.L.C.	
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Principal Place of Business 769 NORTH BEAL PKWY. FORT WALTON BEACH, FL 32547	Mailing Address 255 SLEEPY OAKS LANE FORT WALTON BEACH, FL 32548
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01062004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3746943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCOTT FOSTER, WILLIAM 909 MAR WALT DR., STE. 1014 FORT WALTON BEACH, FL 32547
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DO NOT WRITE IN THIS SPACE

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, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIXON, JOHN R 255 SLEEPY OAKS LANE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIXON, PATRICIA J 255 SLEEPY OAKS LANE FORT WALTON BEACH, FL 32548
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<p>U00000000831 01/09/04-80014-013 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  **John R. Mixon** 1-6-2004 850-302-0223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #