FILED
Apr 25, 2003 8:00 am
Secretary of State

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04-14-2003 90002 036 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

55030901

DOCUMENT # L02000003845

1. Entity Name
RIXIE PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
401 OAKWOOD LANE FRUITLAND PARK, FL 34731	401 OAKWOOD LANE FRUITLAND PARK, FL 34731

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 01-0618329 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIXIE, THOMAS L
401 OAKWOOD LANE
FRUITLAND PARK, FL 34731

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	RIXIE, THOMAS L	
STREET ADDRESS	401 OAKWOOD LANE	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	MGRM	☐ Delete
NAME	RIXIE, SAMUEL G	
STREET ADDRESS	401 OAKWOOD LANE	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (10/02)

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: Samuel G. Rixie SAMUEL G. RIXIE 4/10/03 (352) 326-5078

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