

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016179

Entity Name: AGDIXIE, LLC

FILED  
Jan 04, 2005  
Secretary of State

## Current Principal Place of Business:

291 VICEROY  
PORT CHARLOTTE, FL 33954 US

## New Principal Place of Business:

291 VICEROY TERRACE  
PORT CHARLOTTE, FL 33954 US

## Current Mailing Address:

291 VICEROY  
PORT CHARLOTTE, FL 33954 US

## New Mailing Address:

291 VICEROY TERRACE  
PORT CHARLOTTE, FL 33954 US

FEI Number: 41-2150703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEVENS, MATTHEW W  
6935 S.W. 71ST AVE.  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: THOMAS, JOHN  
Address: 291 VICEROY  
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: MGRM ( ) Delete  
Name: PARKHURST, WILLIAM  
Address: 15000 WEST HIGHWAY 318  
City-St-Zip: WILLISTON, FL 32696 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: THOMAS, JOHN  
Address: 291 VICEROY TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN THOMAS

PRES

01/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date