

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030036

Entity Name: DIXIE SHOPPES, L.L.C.

FILED  
May 03, 2005  
Secretary of State

**Current Principal Place of Business:**

7505 W SAND LAKE ROAD  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7505 W SAND LAKE ROAD  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 57-1149977      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WHITTALL, CHARLES  
7505 W SAND LAKE ROAD  
ORLANDO, FL 32819      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WHITTALL, CHARLES  
Address: 7505 W. SAND LAKE RD.  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM ( ) Delete  
Name: MAHER, LEE J  
Address: 7505 W. SAND LAKE RD.  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

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

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: CHUCK WHITTALL

MGR

05/03/2005

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