


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000012269
 1. Entity Name
 320 SOUTH DIXIE, LLC



Principal Place of Business	Mailing Address
514 LAKE AVENUE LAKE WORTH, FL 33460	514 LAKE AVENUE LAKE WORTH, FL 33460

DO NOT WRITE IN THIS SPACE



01102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1695838	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

HARRIS, J. RICHARD
 4400 P.G.A. BLVD., SUITE 800
 PALM BEACH GARDENS, FL 33410

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAUFERSWEILER, SHERRY 514 LAKE AVE LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEST, DON E 514 LAKE AVE LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORGAN, MARTHA A 514 LAKE AVE LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYBAUM, PAUL S 514 LAKE AVE. LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/13/05-80045-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sherry Laufersweiler* Sherry Laufersweiler 1-10-05 561-358-4253

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