

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000016568

1. Entity Name  
3638 S. DIXIE, LLC.



Principal Place of Business  
3030 S. DIXIE HWY., STE. 5  
WEST PALM BEACH, FL 33405-1539

Mailing Address  
3030 S. DIXIE HWY., STE. 5  
WEST PALM BEACH, FL 33405-1539



01202005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-8720803

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SNED, WILLIAM H JR  
3030 S. DIXIE HWY., STE. 5  
WEST PALM BEACH, FL 33405-1539

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SNED, WILLIAM H JR
STREET ADDRESS	3030 S. DIXIE HWY., STE. 5
CITY - ST - ZIP	WEST PALM BEACH, FL 334051539
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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NAME	
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CITY - ST - ZIP	

000000229519  
02/14/05-80080-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*William H. Sned, Jr.*

**William H. Sned, Jr.** 2/10/05 561/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #