


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

03-07-2008 90227 018 ***138.74
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:37

| | |
|--|---|
| DOCUMENT # L03000016568 1. Entity Name 3638 S. DIXIE, LLC |  |
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|---|---|
| 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 |
|---|---|

DO NOT WRITE IN THIS SPACE



01102008No Chg-LLC

CR2E083 (12/07)

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-1255186 | Applied For Not Applicable |
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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SNED, WILLIAM H JR 3030 S. DIXIE HWY., STE. 5 WEST PALM BEACH, FL 33405-1539 |
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**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.

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|---|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR SNED, WILLIAM H JR 3030 S. DIXIE HWY., STE. 5 WEST PALM BEACH, FL 334051539 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>William H. Jr. Sned</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | Date _____ <small>Daytime Phone # _____</small> |
|--|--|