

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000016571 1. Entity Name 3701 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
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DO NOT WRITE IN THIS SPACE



01202005No Chg-LLC CR2E083 (10/03)

4. FEI Number 23-8720803	Applied For Not Applicable
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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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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

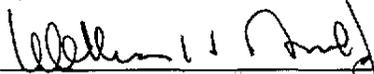
9. MANAGING MEMBERS/MANAGERS

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

U00000229497
02/14/05-80080-008 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)(i), 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.** 2/10/05 561/655-8631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #