

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L03000016571

1. Entity Name  
3701 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



01102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1255218	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**

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

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

00000845277  
03/13/08-80032-017 138.75

**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	

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CITY-ST-ZIP	

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IN THIS SPACE**

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: \_\_\_\_\_

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

Date

Daytime Phone #