


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90345 024 \*\*\*\*50.00

**DOCUMENT # L03000018797**

1. Entity Name  
**OLD DIXIE, LLC**



Principal Place of Business  
**5380 NORTH OCEAN DRIVE, UNITE 5-B  
 SINGER ISLAND, FL 33404**

Mailing Address  
**5380 NORTH OCEAN DRIVE, UNITE 5-B  
 SINGER ISLAND, FL 33404**



2. Principal Place of Business  
**5200 N. Ocean Drive**

3. Mailing Address  
**5200 N. Ocean Drive**

Suite, Apt. #, etc.  
**#1005**

Suite, Apt. #, etc.  
**#1005**

City & State  
**Singer Island, FL**

City & State  
**Singer Island, FL**

Zip  
**33404**

Country  
**USA**

Zip  
**33404**

Country  
**USA**

02092004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**65-1192451**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SAUERBERG, ERIC M ESQ.  
 200 VILLAGE SQUARE CROSSING, SUITE 102  
 PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

8. The above named entity submits that it is a limited liability company as defined in Section 605.01, Florida Statutes, and that it is organized under the laws of the State of Florida. I am familiar with, and accept the obligations of the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
President	John E. Cannava	5200 N. Ocean Dr. #1005	Singer Island, FL 33404	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 606, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: **2-16-2004** Daytime Phone #: **561-719-7841**