

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038852

FILED
Mar 31, 2009
Secretary of State

Entity Name: DIXIE INVESTMENT GROUP, LLC

Current Principal Place of Business:

1882 CAPITAL CIRCLE, NE
SUITE 106
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1882 CAPITAL CIRCLE, NE
SUITE 106
TALLAHASSEE, FL 32308

New Mailing Address:

PO BOX 13119
TALLAHASSEE, FL 32317

FEI Number: 16-1687263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLIGER, STEN T
1407 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LINDSEY, ROBERT B
Address: 3056 ELMWOOD ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGR (X) Delete
Name: LINDSEY, WILLIAM S
Address: 1882 CAPITAL CIRCLE, NE, SUITE 106
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR () Delete
Name: LINDSEY, W F
Address: 1320 THOMASWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT B. LINDSEY

MGR

03/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date