2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L03000040481

Entity Name: DIXIEGIRL INVESTMENTS, LLC

Current Principal Place of Business:

P.O. BOX 92901
LAKELAND, FL 33804

New Principal Place of Business:

7015 ELMER DEES RD
LAKELAND, FL 33809

Current Mailing Address:

P.O. BOX 92901
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 33-1073371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CRUMP, LORI T
7015 ELMER DEES ROAD
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

CRUMP, LORI T
7015 ELMER DEES RD
LAKELAND, FL 33809 US

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: 05/02/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CRUMP, LORI T
Address: 7015 ELMER DEES RD.
City-St-Zip: LAKELAND, FL 33810

Title: MGRM ( ) Delete
Name: PEREZ, SONIA
Address: P.O. BOX 1805
City-St-Zip: EATON PARK, FL 33840

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CRUMP, LORI T
Address: P.O. BOX 92901
City-St-Zip: LAKELAND, FL 33804

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: LORI T. CRUMP MGMR 05/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date