

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 14, 2009  
Secretary of State**

DOCUMENT# L03000043729

Entity Name: DIXIE HIGHWAY, LLC

**Current Principal Place of Business:**

215 NORTH EOLA DRIVE  
ORLANDO, FL 32801

**New Principal Place of Business:**

401 PALMETTO ST  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

215 NORTH EOLA DRIVE  
ORLANDO, FL 32801

**New Mailing Address:**

ADMINISTRATION  
401 PALMETTO ST  
NEW SMYRNA BEACH, FL 32168

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEEKIN, JAMES F JR  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801    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:                      SOUTHEAST VOLUSIA HO, SPITAL DISTRIC T  
Address:                      401 PALMETTO STREET  
City-St-Zip:                      NEW SMYRNA BEACH, FL 32168 US

**ADDITIONS/CHANGES:**

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: AL ALLRED

D

01/14/2009

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