2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2006
Secretary of State

DOCUMENT# L03000055606

Entity Name: VILLA DIXIE, LLC

Current Principal Place of Business:

233 S. SEMORAN BLVD.
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

233 S. SEMORAN BLVD.
ORLANDO, FL 32807

New Mailing Address:

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

Name and Address of Current Registered Agent:

GRAHAM, KEITH A
233 S. SEMORAN BLVD.
ORLANDO, FL 32807 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:	MGRM	( ) Delete
Name:	GRAHAM, JOLYNN	
Address:	PO BOX 339	
City-St-Zip:	KILLARNEY, FL 34740	
Title:	MGRM	( ) Delete
Name:	MARCHENA, NANCY A	
Address:	8535 CHICKASAW FARMS LANE	
City-St-Zip:	ORLANDO, FL 32825	
Title:	MGRM	( ) Delete
Name:	FLORIDA CABLE, INC.,	
Address:	23505 STATE ROAD 40	
City-St-Zip:	ASTOR, FL 32102	

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 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: JOLYNN GRAHAM MGRM 01/24/2006

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