


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90021 027 \*\*\*\*50.00

<b>DOCUMENT # L04000021763</b> 1. Entity Name <b>DIXIE AIR, LLC</b>					
Principal Place of Business <b>2990 U.S. HIGHWAY 301 NORTH ELLENTON FL 34222</b>			Mailing Address <b>2990 U.S. HIGHWAY 301 NORTH ELLENTON FL 34222</b>		
2. Principal Place of Business <b>8169 US HWY 301</b>		3. Mailing Address <b>P.O. Box 557</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>PARRISH, FL</b>		City & State <b>Ellenton, FL</b>		4. FEI Number <b>20-0901138</b>	
Zip <b>34219</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>34222</b>		Country <b>US</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>VOLE, PETER III 2990 U.S. HIGHWAY 301 NORTH ELLENTON FL 34222</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8169 US HWY 301</b> City <b>PARRISH</b> <b>FL</b> Zip Code <b>34219</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE <b>MGR</b>	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>VOLE, PETER III</b>			NAME 		
STREET ADDRESS <b>2990 U.S. HIGHWAY 301 NORTH</b>	<b>P.O. Box 557</b>		STREET ADDRESS 		
CITY- ST- ZIP <b>ELLENTON FL 34222</b>			CITY- ST- ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY- ST- ZIP 			CITY- ST- ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY- ST- ZIP 			CITY- ST- ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY- ST- ZIP 			CITY- ST- ZIP 		
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 608, Florida Statutes.					
SIGNATURE _____			1-24-05 941-729-9242		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		