

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037034

FILED
Apr 03, 2008
Secretary of State

Entity Name: VIP DIXON, LLC

Current Principal Place of Business:

101 SEABREEZE BLVD.,
SUITE 105
DAYTONA BEACH, FL 32118

New Principal Place of Business:

500 SHADOW LAKES BOULEVARD
ORMOND BEACH, FL 32174

Current Mailing Address:

PO BOX 4235
ORMOND BEACH, FL 32175

New Mailing Address:

FEI Number: 20-2544115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP
ONE INDEPENDENT DR.
SUITE 1300
JACKSONVILLE, FL 32202 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: VANDAGRIFF, SARAH D.
Address: P.O. BOX 4235
City-St-Zip: ORMOND BEACH, FL 32175

Title: VP () Delete
Name: REINER, KAREN L
Address: P O BOX 4235
City-St-Zip: ORMOND BEACH, FL 32175

ADDITIONS/CHANGES:

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: SARAH D VANDAGRIFF MGRM 04/03/2008

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