

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037034

Entity Name: VIP DIXON, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

500 SHADOW LAKES BOULEVARD
ORMOND BEACH, FL 32174

New Principal Place of Business:

500 SHADOW LAKES BOULEVARD
LEASING OFFICE
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:

REINER, KAREN L
500 SHADOW LAKES BOULEVARD
LEASING OFFICE
ORMOND BEACH, FL 32174 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: KAREN L REINER

04/29/2009

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

04/29/2009

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