


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90016 021 \*\*\*\*50.00

<b>DOCUMENT # L04000043556</b> 1. Entity Name <b>DIXIE INSTALLATIONS LLC</b>	
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Principal Place of Business <b>910 SE 601 STREET OLD TOWN FL 32680 US</b>	Mailing Address <b>910 SE 601 STREET OLD TOWN FL 32680 US</b>
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2. Principal Place of Business <b>910 SE 601 ST</b>	3. Mailing Address <b>910 SE 601 ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE      CR2E083 (10/05)

City & State <b>Old Town FLA</b>	City & State <b>Old Town FLA</b>	4. FEI Number <b>55-0870163</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32680</b>	Country <b>Dixie</b>	Zip <b>32680</b>	Country <b>DIXIE</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HUTCHINSON, TIMOTHY D 910 SE 601 STREET OLD TOWN FL 32680</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"><b>FL</b>      Zip Code</div>
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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 *Timothy D Hutchinson*      *Tim Hutchinson*      4-7-06  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, TIMOTHY D	NAME	
STREET ADDRESS	910 SE 601 STREET	STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL 32680	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	
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 exemptions contained in Section 119, 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 *Tim Hutchinson*      4-7-06      352-498-5199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #