



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90052 006 ****50.00

DOCUMENT # L04000044785 1. Entity Name SOUTH DIXIE DEVELOPMENT, LLC					
Principal Place of Business 3312 NORTH MIAMI AVE. MIAMI, FL 33127			Mailing Address 1481 BELLA VISTA AVE CORAL GABLES, FL 33156		
2. Principal Place of Business - No P.O. Box # 1481 Bella Vista Ave Suite, Apt. #, etc. Coral Gables, Fla. City & State		3. Mailing Address 1481 Bella Vista Suite, Apt. #, etc. Coral Gables, Fla. City & State			
Zip 33156		Country USA		4. FEI Number 02-0727415	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01042007 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent COLLETTI, JOSEPH R 3550 BISCAYNE BLVD. SUITE 610 MIAMI, FL 33137			7. Name and Address of New Registered Agent Name Wilfredo Santiago Street Address (P.O. Box Number is Not Acceptable) 1481 Bella Vista Ave. City Coral Gables, Fla. FL Zip Code 33156		
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 <u><i>Joseph Colletti</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANTIAGO, WILFREDO V	NAME			
STREET ADDRESS	1481 BELLA VISTAVE.	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33156	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAHLAN, THOMAS J	NAME			
STREET ADDRESS	8951 SW 85 STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33173	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 Chapter 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: <u><i>Wilfredo V Santiago</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1-06-07</u> Daytime Phone # <u>(305) 799-1481</u>			