
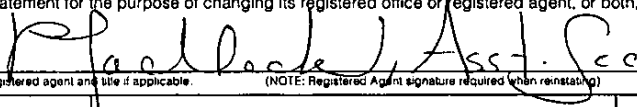
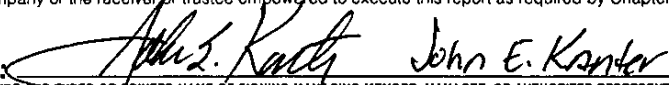


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 APR 27 PM 5:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000047616</b> 1. Entity Name 1331 S.DIXIE, LLC.					
Principal Place of Business 4770 BISCAYNE BOULEVARD SUITE 1150 MIAMI, FL 33137			Mailing Address 4770 BISCAYNE BOULEVARD SUITE 1150 MIAMI, FL 33137		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04252005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KANTER, JOHN E 4770 BISCAYNE BOULEVARD SUITE 1150 MIAMI, FL 33137				Name <b>CORPDIRECT AGENTS, INC.</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>103 North Meridian Street</b>	
				<b>Lower Level</b>	
				City <b>Tallahassee</b> FL Zip Code <b>32301</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		 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
		DATE		4-27-05	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			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	KANTER, JOHN E			NAME	
STREET ADDRESS	4770 BISCAYNE BOULEVARD, SUITE 1150			STREET ADDRESS	<b>900054348909</b>
CITY-ST-ZIP	MIAMI, FL 33137			CITY-ST-ZIP	<b>05/13/05--01004--002 **50.00</b>
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 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		 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>4-26-05</b> Daytime Phone # <b>305 576 4310</b>	