# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 29, 2006 8:00 am**
**Secretary of State**
03-29-2006 90018 036 ****50.00

DOCUMENT # L04000055844

1. Entity Name
DIXIE MEWS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 105 S. NARCISSUS AVENUE<br>SUITE 200<br>WEST PALM BEACH, FL 33401 US | 105 S. NARCISSUS AVENUE<br>SUITE 200<br>WEST PALM BEACH, FL 33401 US |

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01102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
72-1594020
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAM P. JACOBSON P.A.
105 S. NARCISSUS AVENUE
SUITE 200
WEST PALM BEACH, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | MERCER, LEONARD J |
| STREET ADDRESS | 5300 NW 12TH AVE SUITE1 |
| CITY-ST-ZIP | FT. LAUDERDALE,, FL 33309 |
| TITLE | MGRM |
| NAME | LEO, FRANK A |
| STREET ADDRESS | 5300 NW.12TH AVE SUITE1 |
| CITY-ST-ZIP | FT. LAUDERDALE,, FL 33309 |
| TITLE | MGRM |
| NAME | DANAN, PATRICK |
| STREET ADDRESS | 5300 NW 12TH AVE SUITE1 |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33309 |
| TITLE | MGRM |
| NAME | JACOBSON, WILLIAM P |
| STREET ADDRESS | 105 S. NARCISSUS AVENUE SUITE 200 |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** William P Jacobson 1/17/06 561-833-4640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #