## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000060471**

1. Entity Name DIXIELAND LLC



FILED Feb 27, 2008 08:00 Al Secretary of State

Principal Place of Business

7079 SW 47TH STREET MIAMI, FL 33155

Mailing Address

7096 SW 48 LANE MIAMI, FL 33155



## DO NOT WRITE IN THIS SPACE

01032008No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For 41-2155240 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAYNARD, CARL K 7079 SW 47 ST. MIAMI, FL 33155

TITLE
NAME
STREET AODRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

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 site if applicable (NOTE: Registered Agent signature required visits and site if applicable (NOTE: Registered Agent signature required visits and site is applicable).			DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	· · · •		
NAME	MAYNARD, SUSAN			
STREET ADDRESS	7079 SW 47 ST.	<b>!</b>	ተለው መመመመስ ላለ መንግለ	
CITY-ST-ZIP	MIAMI, FL 33155	i i	000000841021 03/07/08-80017-019 138.75	
TITLE	MGRM		03\0{\08~8001(_012 720*12	
NAME	MAYNARD, CARL	1		
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CITY-ST-ZIP	MIAMI, FL 33155	1		
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NAME ,				
STREET ADDRESS	'	i		
CITY-ST-ZIP		I DO	NOT WRITE	
TITLE		I IN	THIS SPACE	
NAME DIRECT ADDRESS				
STREET ADDRESS		I		
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 eath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

1-3-08 305 213 495