## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 23, 2006 8:00 am Secretary of State

| DOCUMENT # L0400064820  1. Entity Name WEST DIXIE GROUP, LLC   |   |  |   |  |  | 03-23-2006 9           | 90259 01           | 4 ****5(                             | 0.00                                   |
|--|---|--|---|--|--|------------------------|--------------------|--------------------------------------|--|
| Principal Plac<br>2645 N.E. 20<br>NO. MIAMI BI   |   | Mailing Address<br>2645 N.E. 207TH STRE<br>NO. MIAMI BEACH, FL 3 |   | us   |  |                        |                    |                                      |  |
| 2. Principal Place of Business   |   | 3. Mailing Address   |   |  |  |                        |                    |                                      |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  | 02142006   | Chg-LLC                | CR2E08:            | 3 (11/05)                            |  |
| City & State   |   | City & State   |   |  | 4. FEI Numbe<br>32-0126                              |                        |                    |                                      | plied For                              |
| Zip  | Country   | Zip -  | Country   | у  |  | of Status Desired      |                    | 5.00 Add                             | itional                                |
|  | 6. Name and Address of Current I  | Registered Agent   |   |  | 7. Name and  | Address of New Re      | egistered Ag       | ent                                  |  |
|  |   | · · · · · · · · · · · · · · · · · · ·                            |   | Name   |  |                        |                    |                                      |  |
| SNYDER, JENNIFER<br>20801 BISCAYNE BLVD.<br>SUITE 501  |   |  |   | Street Address (P.O. Box Number is Not Acceptable)                                       |  |                        | <del></del>        |                                      |  |
|  | A. FL 33180   |  | Г   |  |  | ·                      |                    |                                      | 1                                      |
|  | ,   |  |   | City   |  |                        | FL                 | Zip Code                             | 9                                      |
|  | named entity submits this statement for ions of registered agent.   | the purpose of changing its r                                    | registered  | d office or register   | ed agent, or both                                    | h, in the State of Flo | rida. I am fa      | miliar with,                         | and accept                             |
| SIGNATURE .  | Signeture, typed or printed name of registered agent a  | nd title if applicable. (NOTE:                                   | : Registered A  | Agent signature required   | when reinstating)                                    |                        | DATE               |                                      |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |   |  |   |  | Make check payable to<br>Florida Department of State |                        |                    |                                      |  |
| Fi<br>D:   | ling Fee is \$50.00<br>ue by May 1, 2006  |  |   |  |  |                        |                    |                                      | •                                      |
| Fi<br>Da   | ling Fee Is \$50.00<br>ue by May 1, 2006<br>MANAGING MEMBEI   | RS/MANAGERS  | 10.   |  |  |                        | Departmen          |                                      | •<br>——————                            |
| Di   | ue by May 1, 2006   | RS/MANAGERS  | 10.   |  |  | Florida                | Department CHANGES |                                      | Addition                               |
| 9.<br>TITLE<br>NAME  | MANAGING MEMBEI MGR SAWICKI, DANIÉL   |  | TITLE<br>NAME   |  |  | Florida                | Department CHANGES | nt of State                          |  |
| 9. TITLE NAME STREET ADDRESS   | MANAGING MEMBE<br>MGR<br>SAWICKI, DANIÉL<br>2645 N.E. 207TH STREET  | , Delete   | TITLE<br>NAME<br>STREET   | ADDRESS  | ,  | Florida                | Department CHANGES | nt of State                          |  |
| 9. IIILE NAME STREET ADDRESS CITY-ST-ZIP   | MANAGING MEMBEI MGR SAWICKI, DANIÉL 2645 N.E. 207TH STREET NO. MIAMI BEACH, FL 33180  | , Delete   | TITLE<br>NAME<br>STREET<br>CITY-S   |  | ,  | Florida                | Department CHANGES | nt of State                          | Addition                               |
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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: SIGNATURE AND EMPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #