


**FILED**  
**Jun 17, 2005 8:00 am**  
**Secretary of State**

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04-27-2005 90030 037 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000073084</b> 1. Entity Name 12 SOUTH DIXIE LLC			
Principal Place of Business 12 SOUTH DIXIE HIGHWAY, SUITE 203 LAKE WORTH, FL 34460		Mailing Address 12 SOUTH DIXIE HIGHWAY, SUITE 203 LAKE WORTH, FL 34460	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>  WENZEL, JOAN E 12 SOUTH DIXIE HIGHWAY, SUITE 203 LAKE WORTH, FL 34460		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FEI Number 51-0526734	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Applied For <input type="checkbox"/> Not Applicable	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENZEL, JOAN E 12 SOUTH DIXIE HIGHWAY, SUITE 203 LAKE WORTH, FL 34460	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Joan E Wenzel</i>		Date: 4/25/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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