*2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000073090

1. Enlity Name 1102 N. DIXIE LLC



Principal Place of Business

Mailing Address

12 SOUTH DIXIE HIGHWAY, SUITE 203 LAKE WORTH, FL 33460 12 SOUTH DIXIE HIGHWAY, SUITE 203 LAKE WORTH, FL 33460

FILED Apr 10, 2006 08:00 AM Secretary of State



01192006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 51-0526732

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

	6. Name and Address of Current Registered Agent	
	o. Name and Address of Current Registered Agent	·
WENZEL, JOAN E 12 SOUTH DIXIE HIGHWAY, SUITE 203 LAKE WORTH, FL 33460		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 Rorida. I am lamiliar 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 remalating) DATE
Filling Fee is \$50.00 Due by May 1, 2006 U0000500236 04/25/06-88815-813 50.00		
9.	MANAGING MEMBERS/MANAGERS	
J. JITLE NAME STREET ADDRESS CHY-ST-ZIP IITLE STREET ADDRESS CHY-ST-ZIP IITLE STREET ADDRESS CHY-ST-ZIP	MGRM WENZEL, JOAN E 12 SOUTH DIXIE HIGHWAY, SUITE 203 LAKE WORTH, FL 33460	DO NOT WRITE IN THIS SPACE
TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS CITY-SI-ZIP		·

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chanter 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #