## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 06, 2006 08:00 AM Secretary of State

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DOCUMENT # L04000077513  1. Entity Name OLD DIXIE PARTNERS, LLC			
Principal Place of Business Mailing Address	<u> </u>	1	
301 SOUTH CENTRAL AVENUE  FLAGLER BEACH, FL 32136  SOUTH CENTRAL AVENUE  FLAGLER BEACH, FL 32136  FLAGLER BEACH, FL 32136		\$ 1880/800 BM BBM BIBM BBM BBM BBM BBM BBM BBM	(80% (808) 808) (1088 (1607)) (108)
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		01122006 No Chg-LLC C	CR2E083 (11/05)
		4. FEI Number 86-1120104	Applied For Not Applicable
		5. Certificate of Status Desired	\$5.00 Additional Fee Required
Name and Address of Current Registered Agent	]		rea Raquired
SMITH, RICH 301 SOUTH CENTRAL AVENUE FLAGLER BEACH, FL 32136  DO NOT WRITE IN THIS SPACE			
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. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or prived name of registered agent and title if applicable.  (NOTE Registered Agent signature required when remissing)  DATE			
Filing Fee is \$50.00 Due by May 1, 2006		00000045 03/16/06: 80	6776 041-019 50.00
9. MANAGING MEMBERS/MANAGERS	1		<u> </u>
TITLE MGRM  NAME LIGHTHOUSE DEVELOPMENT GROUP, INC.  STREET ADDRESS 301 SOUTH CENTRAL AVENUE  GIY-SI ZIP FLAGLER BEACH, FL 32138			
ISTLE NAME STREET ADDRESS CITY ST-ZIP			
TILE NAME STREES ADDRESS GUY-SI-UP		DO NOT WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPA	CE
nor.	•		

11. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I lunther certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CHY-ST-ZIP TALE NAME STREET ADDRESS CITY ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE