

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000013397

Entity Name: WAYNE DIXON, LLC

**FILED**  
**Apr 29, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

27340 POPIEL RD  
BROOKSVILLE, FL 34602

**New Principal Place of Business:**

27340 POPIEL RD  
BROOKSVILLE, FL 34602 US

**Current Mailing Address:**

27340 POPIEL RD  
BROOKSVILLE, FL 34602

**New Mailing Address:**

27340 POPIEL RD  
BROOKSVILLE, FL 34602 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIXON, WAYNE  
27340 POPIEL RD  
BROOKSVILLE, FL 34602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DIXON, WAYNE  
Address: 27340 POPIEL RD  
City-St-Zip: BROOKSVILLE, FL 34602

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DIXON, WAYNE  
Address: 27340 POPIEL RD  
City-St-Zip: BROOKSVILLE, FL 34602 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WAYNE DIXON

MGR

04/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date