

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90158 022 \*\*\*\*50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000019708 1. Entity Name 726 NORTH DIXIE, LLC.			
Principal Place of Business 634 EAST THIRD AVENUE NEW SMYRNA BEACH FL 32169 US		Mailing Address POST OFFICE BOX 2011 NEW SMYRNA BEACH FL 32170 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>WEIDE, BRUCE</b> 634 EAST THIRD AVENUE NEW SMYRNA BEACH FL 32169		4. FEI Number <b>01-1484789</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL	Zip Code
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.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when completing)			
<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State. Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIDE, BRUCE	NAME	
STREET ADDRESS	634 EAST THIRD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTLE, DAVID	NAME	
STREET ADDRESS	5342 RIVER FOREST	STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUNTS, JACK	NAME	
STREET ADDRESS	929 CHINABERRY COURT	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAYER, JOSEPH	NAME	
STREET ADDRESS	8215 GLASGOW ROAD	STREET ADDRESS	
CITY-ST-ZIP	CASSADAGA NY 14718	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Bruce Weide</i> BRUCE WEIDE		1-19-06 386-423-7611	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	