

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019708

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: 726 NORTH DIXIE, LLC.

**Current Principal Place of Business:**

634 EAST THIRD AVENUE  
NEW SMYRNA BEACH, FL 32169 US

**New Principal Place of Business:**

490 N. CAUSEWAY  
NEW SMYRNA BEACH, FL 32169 US

**Current Mailing Address:**

POST OFFICE BOX 2011  
NEW SMYRNA BEACH, FL 32170 US

**New Mailing Address:**

FEI Number: 61-1484789      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WEIDE, BRUCE  
634 EAST THIRD AVENUE  
NEW SMYRNA BEACH, FL 32169 US

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

WEIDE, BRUCE  
490 N. CAUSEWAY  
NEW SMYRNA BEACH, FL 32169 US

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: \_\_\_\_\_

03/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEIDE, BRUCE  
Address: 634 EAST THIRD AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGRM ( ) Delete  
Name: SUTTLE, DAVID  
Address: 5342 RIVER FOREST  
City-St-Zip: DUBLIN, OH 43017

Title: MGRM ( ) Delete  
Name: MOUNTS, JACK  
Address: 929 CHINABERRY COURT  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM ( ) Delete  
Name: SPAYER, JOSEPH  
Address: 8215 GLASGOW ROAD  
City-St-Zip: CASSADAGA, NY 14718

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WEIDE, BRUCE  
Address: 490 N. CAUSEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE WEIDE

MGRM

03/18/2009

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