

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90421 012 ****50.00

DOCUMENT # L05000020113

1. Entity Name
7205 DIXIE, LLC



Principal Place of Business
1668 ALTON ROAD
MIAMI BEACH, FL 33139

Mailing Address
1668 ALTON ROAD
MIAMI BEACH, FL 33139

20010736

2. Principal Place of Business

720 S. Dixie Freeway
Suite, Apt. #, etc.

3. Mailing Address

284 NE 79th Street
Suite, Apt. #, etc.



02082006 Chg-LLC CR2E083 (11/05)

City & State

New Smyrna Bch, FL

City & State

Miami Florida

4. FEI Number

20-2459741

Applied For

☒ Not Applicable

Zip
32168

Country
USA

Zip

33138

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHOR, ROBERT
1668 ALTON ROAD
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name Robert Shor
Street Address (P.O. Box Number is Not Acceptable)
284 NE 79th Street
City Miami FL Zip Code 33138

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SHOR, ROBERT
STREET ADDRESS 1668 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33139

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Robert Shor
STREET ADDRESS 284 NE 79th Street
CITY-ST-ZIP Miami FL 33138

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/24/06

Date

305-754-2586

Daytime Phone #