

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038513

Entity Name: DIXIE MM, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1500 WEST CYPRESS CREEK ROAD, SUITE 409
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

1500 W CYPRESS CREEK ROAD, SUITE 409
FORT LAUDERDALE, FL 33309

Current Mailing Address:

1500 WEST CYPRESS CREEK ROAD, SUITE 409
FORT LAUDERDALE, FL 33309

New Mailing Address:

1500 W CYPRESS CREEK ROAD, SUITE 409
FORT LAUDERDALE, FL 33309

FEI Number: 26-5491839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRENNER, SCOTT E
1500 WEST CYPRESS CREEK ROAD, SUITE 409
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

BRENNER, SCOTT F
1500 W CYPRESS CREEK ROAD, SUITE 409
FORT LAUDERDALE, FL 33309 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: SCOTT BRENNER

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRENNER, SCOTT
Address: 1500 WEST CYPRESS CREEK RD SUITE 409
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRENNER, SCOTT
Address: 1500 W CYPRESS CREEK RD SUITE 409
City-St-Zip: FORT LAUDERDALE, FL 33309

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: SCOTT BRENNER

MGRM

04/30/2009

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