2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000038894

1. Entity Name

OAKLAND DIXIE, LLC

FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

1500 CYPRESS CREEK ROAD

SUITE 409 FT. LAUDERDALE, FL 33309 Mailing Address

1500 CYPRESS CREEK ROAD

SUITE 409

FT. LAUDERDALE, FL 33309



04172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2807195

Applied For Not Applicable

5. Certificate of Status Desired

□ **3**

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRENNER, SCOTT F 1500 CYPRESS CREEK ROAD SUITE 409 FT. LAUDERDALE, FL 33309

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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 reinstaling)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRENNER, SCOTT 1500 WEST CYPRESS CREEK RD SUITE 409 FORT LAUDERDALE, FL 33309		
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP			

U00000932518 05/22/08-80057-012 143.75

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11. I hereby certify that the information supplied with this filling 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #