


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90320 010 \*\*\*143.75

<b>DOCUMENT # L05000058129</b> 1. Entity Name <b>DIXIE VENTURE, LLC</b>					
Principal Place of Business <b>1140 7TH COURT, SUITE E VERO BEACH, FL 32961</b>			Mailing Address <b>1140 7TH COURT, SUITE E VERO BEACH, FL 32961</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-4586142</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BLOCK, SAMUEL A ESQ 3339 CARDINAL DRIVE, SUITE 200 VERO BEACH, FL 32963</b>			7. Name and Address of New Registered Agent Name <b>BLOCK, SAMUEL A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>21-ROYAL PALM POINTE, SUITE 100</b> City <b>VERO BEACH</b> FL <b>32960</b>		
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 <u><i>Samuel A. Block</i></u> DATE <u>4-14-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHWEY, JACK J 1140-7TH CT SUITE E VERO BEACH, FL 32961</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Jack J. Shwey, managing member</i></u> <b>JACK J. SHWEY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date <u>Apr 18, 2008</u> Daytime Phone # <u>(772) 559-8589</u>					