


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L05000078015	
1. Entity Name DIXIELAND VENTURES, LLC	

Principal Place of Business 12951 NW 82ND COURT CHIEFLAND, FL 32626	Mailing Address P.O. BOX 1653 CHIEFLAND, FL 32644
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DO NOT WRITE IN THIS SPACE



04102007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3273153	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, THOMAS W 12951 NW 82ND COURT CHIEFLAND, FL 32626

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUDDY BOY'S INVESTMENTS, INC 12951 NW 82ND COURT CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STOCKMAN CONSTRUCTION, INC 1450 NW 92ND PLACE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADVANTAGE ROOFING & CONSTRUCTION, INC 11490 NW 109TH CT CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/07-80028-012 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Sharon Williams Sharon Williams 4/12/07 352-493-0193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #