


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000078015</b> 1. Entity Name DIXIELAND-VENTURES, LLC	
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Principal Place of Business 12951 NW 82ND COURT CHIEFLAND, FL 32626	Mailing Address P.O. BOX 1653 CHIEFLAND, FL 32644
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03062008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3273153	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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
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**DO NOT WRITE  
IN THIS SPACE**

6. 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

**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 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	

U000000852213  
03/26/08-80019-010 138.75

**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:** Thomas W. Williams Thomas W. Williams 3-6-08 (30) 486-5266 (ext 226)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #