


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000097436 1. Entity Name 14402 OLD DIXIE, LLC	
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Principal Place of Business 14402 OLD DIXIE HIGHWAY HUDSON, FL 34667 US	Mailing Address 15627 ALLMAND DRIVE HUDSON, FL 34667 US
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01102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3563873	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 WHITE, KAREN 15627 ALLMAND DRIVE HUDSON, FL 34667
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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 <u>Karen White</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>1/10/07</u> <small>DATE</small>

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, KAREN 15627 ALLMAND DRIVE HUDSON, FL 34667
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<p>U00000589083 01/18/07-80001-017 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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>Karen White</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>1-10-07</u> <u>727-869-7483</u> <small>Date Daytime Phone #</small>