

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

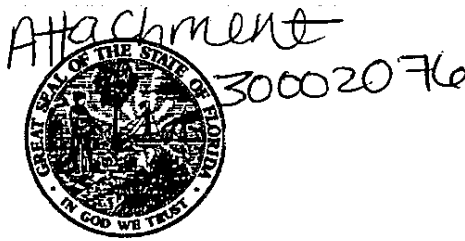
**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90133 001 \*\*\*\*50.00



1st MOORE CR2E083 (10/05)

<b>DOCUMENT # L05000097440</b> 1. Entity Name <b>14334 OLD DIXIE, LLC</b>																													
Principal Place of Business <b>14334 OLD DIXIE HIGHWAY HUDSON FL 34667 US</b>			Mailing Address <b>15627 ALLMAND DRIVE HUDSON FL 34667 US</b>																										
2. Principal Place of Business <b>14334 OLD DIXIE HWY</b>		3. Mailing Address Suite, Apt. #, etc.																											
City & State <b>HUDSON, FLA</b>		City & State		4. FEI Number <b>20-3563901</b>																									
Zip <b>34667</b>		Country <b>PASCO</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>WHITE, KAREN 15627 ALLMAND DRIVE HUDSON FL 34667</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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>Karen White</i></u> <span style="float: right;">2/1/06</span> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when renouncing)</small>																													
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>																													
<div style="display: flex;"> <div style="flex: 1;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WHITE, KAREN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15627 ALLMAND DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HUDSON FL 34667</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	WHITE, KAREN		STREET ADDRESS	15627 ALLMAND DRIVE		CITY-ST-ZIP	HUDSON FL 34667		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Karen White sole member</i></u> <span style="float: right;">2/1/06 727-869-7483</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2006

14334 OLD DIXIE, LLC  
15627 ALLMAND DRIVE  
HUDSON, FL 34667 US

Subject: 14334 OLD DIXIE, LLC

Reference Number: L05000097440

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm

ANNUAL REPORTS SECTION