2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L05000101497

Entity Name: DIXIE TRACKS, LLC

Current Principal Place of Business:

36 NE FIRST ST. #211
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

36 NE FIRST ST. SUITE 211
MIAMI, FL 33132

New Mailing Address:

FEI Number: 20-3636531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEIF, EVAN D
2800 PONCE DE LEON BLVD., SUITE 1125
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SASSON, KASSAB
Address: 36 NE FIRST ST. #211
City-St-Zip: MIAMI, FL 33132

Title: MGR ( ) Delete
Name: BARRY, SILVERMAN
Address: 2801 NE 208 TERRACE STE 102
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete
Name: GERMAN, FRAYND
Address: 21150 BISCAYNE BLVD. SUITE 302
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: ZRA, LLC
Address: 2801 NE 208 TERRACE STE 102
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SASSON KASSAB MGR 01/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date