

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90026 038 ****50.00

DOCUMENT # L06000009635 1. Entity Name 5800 SOUTH DIXIE HIGHWAY, LLC	
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Principal Place of Business 525 SOUTH FLAGLER DRIVE STE 200 WEST PALM BEACH, FL 33401	Mailing Address 525 SOUTH FLAGLER DRIVE STE 200 WEST PALM BEACH, FL 33401
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60040763



2. Principal Place of Business - No P.O. Box # 1016 Clearwater Place	3. Mailing Address 1016 Clearwater Place
Suite, Apt. #, etc. % Joel P. Koepfel	Suite, Apt. #, etc. % Joel P. Koepfel
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401	Country USA

01312007 Chg-LLC CR2E083 (12/06)

4. Fee Number 10-1748179	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KOEPEL, JOEL P 525 SOUTH FLAGLER DRIVE STE 200 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1016 Clearwater Place City West Palm Beach FL Zip Code 33401
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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 Joel P. Koepfel JOEL P. KOEPEL 2/7/07
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Carlos G. Morrison 222 Lakeridge Avenue, PH5 West Palm Beach, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V President Thomas Morrison 222 Lakeridge Ave PH5 West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Carlos G. Morrison 4/23/07 561-832-6070
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #