FILED
2/8/2007-90141-013-$55.00 $55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

07 OCT 10 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000022992

1. Entity Name

WEST DIXIE 126, LLC

Principal Place of Business	Mailing Address
1065 NE 125TH STREET 405 NORTH MIAMI FL 33161 US	1065 NE 125TH STREET 405 NORTH MIAMI FL 33161 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E063 (10/06)

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, GARY J
201 SOUTH BISCAYNE BOULEVARD
1600
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City — FL — Zip Code

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 _____ Date

FILE NOW!!! FEE IS $30.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
Title / Name / Street Address / City-St-Zip	ROBERTA SEGAL 1065 N. E. 125th STREET SUITE # 405 NORTH MIAMI, FL 33161 MANAGER.	Title / Name / Street Address / City-St-Zip	ROBERTA SEGAL 1065 N. E. 125th STREET SUITE # 405 NORTH MIAMI, FL 33161 MANAGER.
	☐ Delete		☐ Change ☑ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

REINSTATEMENT 07

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 605, Florida Statutes.

SIGNATURE: _____ MANAGER 1/23/07 305-899-1065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ROBERTA SEGAL. SINGLE MEMBER LLC.
MANAGER

0250