


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # L06000022992	
1. Entity Name WEST DIXIE 126, LLC	

Principal Place of Business 1065 NE 125TH STREET 405 NORTH MIAMI, FL 33161 US	Mailing Address 1065 NE 125TH STREET 405 NORTH MIAMI, FL 33161 US
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01142008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEGAL, ROBERTA 1065 NE 125TH STREET NORTH MIAMI, FL 33161
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 04/07/08-80007-014 143.75

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:  1/30/08 305-899-1065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ROBERTA SEGAL