


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90075 013 ***138.75

DOCUMENT # L06000034938					
1. Entity Name 2075 DIXIE, LLC					
Principal Place of Business 114 HIGHLINE DRIVE LONGWOOD, FL 32750 US			Mailing Address PO BOX 520021 LONGWOOD, FL 32752-0021 US		
117 S FRENCH AV SANFORD FL 32771-1163					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05122008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 75-3213214	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BANTA, SCOTT 114 HIGHLINE DRIVE LONGWOOD, FL 32750				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
117 S FRENCH AV SANFORD FL 32771-1163					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BANTA, SCOTT, 114 HIGHLINE DRIVE LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	117 S FRENCH AVE SANFORD FL 32771-1163	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRAUN, PATRICK, 114 HIGHLINE DRIVE LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	117 S FRENCH AV SANFORD FL 32771-1163	<input checked="" 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: _____			5-1-08 407 947 9722		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		