## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000069058

Entity Name: 1816 DIXIE, LLC

Name:

Address:

City-St-Zip:

1816 N DIXIE HWY STE C-4

FORT LAUDERDALE, FL 33305

**FILED** Mar 26, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1816 N. DIXIE HIGHWAY, SUITE C-2 FT. LAUDERDALE, FL 33305 **Current Mailing Address: New Mailing Address:** 1816 N. DIXIE HIGHWAY, SUITE C-2 FT. LAUDERDALE, FL 33305 FEI Number: 20-5194185 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKER & POLIAKOFF, P.A. ATTN: PAMELA J. ANSÉLMO, ESQ. 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete OUSLEY, MITCHELL Name: Name: 1816 N. DIXIE HIGHWAY, SUITE C-2 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33305 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WORSHAM, TOM Name: Address: 1816 N. DIXIE HIGHWAY, SUITE C-1 Address: City-St-Zip: FT. LAUDERDALE, FL 33305 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition EUROPEAN ENTERPRISES, LLC Name: Name: Address: 1816 N. DIXIE HIGHWAY, SUITE C-5 Address: City-St-Zip: FT. LAUDERDALE, FL 33305 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition JOSOWITZ, MICHAEL

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MITCHELL OUSLEY **MGRM** 03/26/2009