2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 17, 2008 8:00 am Secretary of State

954-566-03

Daytime Phone #

Date

| DOCUMENT # L06000071945 1. Entity Name J.J. DIXIE, LLC | | | | | 04-17-2008 90173 041 ***138.75 | | | | | |
|--|--|--|--|---|--|------------------------|---|-----------------------------|-------------------------------------|--|
| Principal Plac | ce of Business | Mailing Address | | | - | | | | | |
| 915 MIDDLE RIVER DRIVE 915 MIDDLE RIVER DF 204 | | | RIVE | | | • | | | | |
| 204 FT LAUDERDALE, FL 33304 204 FT LAUDERDALE, FL 33304 | | | | | | | | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | · | | | | | | | |
| | | 3. Maining Address | | | | 28 | |) | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 02172008 | Chg-LLC | CR2E08 | 3 (12/06) | | |
| City & State | | City & State | | 4. FEI Numbe | | | _ | oplied For | | |
| Zip | Country Zip Cou | | Cour | ıtry | APPLIED FOR Not Applicable 5. Certificate of Status Desired \$5.00 Additional | | | | | |
| | 6. Name and Address of Current | Registered Agent | <u> </u> | | 7. Name and | Address of New R | | ee Require | a | |
| N | | | | | Name 5 | | | | | |
| NILES, CHRISTOPHER D 2400 E. COMMERCIAL BLVD. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 208 | | | | | it Rives | Drive | | | | |
| FICAUDE | ERDALE, FL 33308 | | غايد ع | | 204 | | | 1 7:- C-d | | |
| | | | | | udredale | | FL | Zip Code | 204 | |
| | named entity submits this statement folions of registered agent. | or the purpose of changing its | s register | ed office or registe | ered agent, or both | h, in the State of Flo | orida. I am fa | ımiliar with, | and accept | |
| SIGNATURE Signature, typed or printed name of registered agent and title if adulticable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| | signature, typed or printed name or registered again | and the II applicable (NO) | it Hegistere | d Ageni signature require | d when reinstating) | | DATE | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | | Make check payable to Florida Department of State | | | | | |
| FILE After May | E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 | 5 | | | | | • | - | e | |
| After May | y 1, 2008 Fee will be \$538.75 MANAGING MEMBE | | 10. | | | | a Departme | - | 9 | |
| 9. | y 1, 2008 Fee will be \$538.75 MANAGING MEMBE MGR | | TITL | 1 | | Florida | Departme | - | Addilion | |
| After May | y 1, 2008 Fee will be \$538.75 MANAGING MEMBE | RS/MANAGERS | TITL! | 1 | | Florida | Departme | nt of State | | |
| 9. TITLE NAME | MANAGING MEMBE MGR BESNER, HILDA | RS/MANAGERS | TITLI NAM STRE | E | | Florida | Departme | nt of State | | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBE MGR BESNER, HILDA 2406 AQUA VISTA BLVD FT LAUDERDALE, FL 33301 MGR | RS/MANAGERS | TITLI NAM STRE CITY TITLI | E ET ADDRESS -SI-ZIP | | Florida | Departme | nt of State | | |
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