

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074864

Entity Name: PAUL DIXON LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

63 WHITE DRIVE
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

23 SAM SMITH CIRCLE
CRAWFORDVILLE, FL 32327

Current Mailing Address:

63 WHITE DRIVE
CRAWFORDVILLE, FL 32327

New Mailing Address:

P.O. BOX 236
CRAWFORDVILLE, FL 32326

FEI Number: 16-1767515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DIXON, PAUL
63 WHITE DRIVE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

DIXON, PAUL
23 SAM SMITH CIRCLE
CRAWFORDVILLE, FL 32327 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:

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DIXON, PAUL
Address: 63 WHITE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DIXON, PAUL
Address: 23 SAM SMITH CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

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.

SIGNATURE: PAUL DIXON

MGRM

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date