2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000080359

1. Entity Name

DIXIÉ CROSSROADS OF TITUSVILLE, LLC

FILED Feb 08, 2008 08:00 AN Secretary of State

Principal Place of Business

1475 GARDEN STREET TITUSVILLE, FL 32796 Mailing Address

1475 GARDEN STREET TITUSVILLE, FL 32796



DO NOT WRITE IN THIS SPACE

02012008No Chg-LLC CR2E

CR2E083 (12/07)

4. FEI Number 01-0879360 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Ayant

THOMPSON, LAURILEE 1475 GARDEN STREET TITUSVILLE, FL 32796

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The above named entity submits this statement for the purpose of cha the obligations of registered agent.	anging its registered office or registered agent, or both, in the State of	Florida I am familiar with, and accept
SIGNATURE Sonature, typed or printed name of registered agent and talle d applicable	(NOTE Registered Agent signature required when reinstating)	DATE
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	P TOWNSEND, CLAY 1475 GARDEN STREET TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMPSON, LAURILEE 1475 GARDEN STREET TITUSVILLE, FL 32796
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11. I hereby certify that the information supplied with this filling 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:

Laurlee Thompsong

2/8/08

321-268-5000

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

Laurilee Thompson

Date

Daylime Phone ≠