

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90031 047 ****50.00

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02142007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000087652			
1. Entity Name DIXIE LEASING LLC			
Principal Place of Business 8717 CHATHAM STREET FT. MYERS, FL 33907		Mailing Address 8717 CHATHAM STREET FT. MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box # 8717 Chatham St Suite, Apt. #, etc.		3. Mailing Address 8717 Chatham St Suite, Apt. # etc.	
State Fl City Fort Myers		City & State Fort Myers, Fl	
Zip 33907 Country Lee		Zip 33907 Country Lee	
4. FEI Number 205498636		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCOLLAUM, DIXIE LEE 8717 CHATHAM STREET FT. MYERS, FL 33931		7. Name and Address of New Registered Agent Name: Dixie Lee McCollum Street Address (P.O. Box Number is Not Acceptable) 8717 Chatham Street City: Fort Myers FL Zip Code 33907	
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: DATE: _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCOLLAUM, DIXIE LEE 8717 CHATHAM STREET FT. MYES, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:		Date: 4-14-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	