


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90018 011 \*\*\*538.75

<b>DOCUMENT # L06000089378</b>	
1. Entity Name <b>DIXIE COUNTY PROPERTIES, L.L.C.</b>	

Principal Place of Business <b>515 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>	Mailing Address <b>515 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>
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**50006432**



2. Principal Place of Business - No P.O. Box # <b>3400 Foley Road</b> Suite, Apt. #, etc.	3. Mailing Address <b>3400 Foley Road</b> Suite, Apt. #, etc.
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05202008 Chg-LLC CR2E083 (12/06)

City & State <b>Perry, Florida</b>	City & State <b>Perry, Florida</b>
Zip <b>32348</b>	Country <b>Taylor</b>

4. FEI Number <b>APPLIED FOR 11-3799152</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>	
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7. Name and Address of New Registered Agent	
Name <b>Corporation Service Company</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>	
City <b>Tallahassee</b>	Zip Code <b>FL 32301</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KELLER, ALLISON 101 CALIFORNIA STREET, SUITE 4310 SAN FRANCISCO, CA 94111</b> <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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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

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:**

*Angela B. Taylor, S.R.V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

May 21, 2008  
Date

(850) 838-2500  
Daytime Phone #