
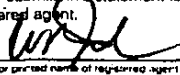



FILED
Apr 02, 2007 8:00 am
Secretary of State

03-12-2007 90481 049 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000119807 1. Entity Name OLD DIXIE AT FLAGLER, LLC		
Principal Place of Business 1655 N. CLYDE MORRIS BLVD. SUITE 1 DAYTONA BEACH, FL 32117		Mailing Address 1655 N. CLYDE MORRIS BLVD. SUITE 1 DAYTONA BEACH, FL 32117
2. Principal Place of Business - No P.O. Box # 600 Packard Ct	3. Mailing Address SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Safety Harbor, FL		City & State
Zip 34695	Country USA	Zip
6. Name and Address of Current Registered Agent P&D MANAGEMENT, LLC 1655 N. CLYDE MORRIS BLVD. SUITE 1 DAYTONA BEACH, FL 32117		7. Name and Address of New Registered Agent Name W. R. Jacobsen Street Address (P.O. Box Number is Not Acceptable) 600 Packard Ct City Safety Harbor FL Zip Code 34695
4. FEI Number 20-8467978		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
Applied For <input type="checkbox"/> Not Applicable		
03012007 Chg-LLC CR2E083 (12/06)		
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 reappointing) DATE _____		
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	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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:  Manager		3/7/07 (727) 726-1138
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Day-Mo-Year</small>		

30003762



ATTACHMENT
ATTACHMENT
PLYE & DELLINGER, PL

Michael A. Pyle
mikep@pylelaw.com

30003762
~~#L06000119807~~
AREAS OF PRACTICE

Trisha L. Dellinger
trishad@pylelaw.com

Real Estate & Title Insurance • Estate Planning & Elder Law • Probate & Guardianship • Corporate & Business Law

March 28, 2007

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: Old Dixie at Flagler, LLC

Dear Sir or Madam:

Enclosed please find a corrected UBR showing Sid Boughton as Manager and removing W.R. Jacobsen as member for your records:

If you should have any questions, please do not hesitate to contact me.

Very truly yours,



Michael A. Pyle

MAP/cnr
Enclosure, as stated