

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90333 018 \*\*\*138.75

**DOCUMENT # L06000119807**



1. Entity Name  
**OLD DIXIE AT FLAGLER, LLC**

Principal Place of Business  
**600 PACKARD CT  
 SAFETY HARBOR, FL 34695**

Mailing Address  
**1655 N. CLYDE MORRIS BLVD. SUITE 1  
 DAYTONA BEACH, FL 32117**

**60013383**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02042008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**20-8467978**

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

Zip

Country

Zip

Country

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**JACOBSEN, W.R.  
 600 PACKARD CT  
 SAFETY HARBOR, FL 34695**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

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

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE **MGR**  Delete  
 NAME **BOUGHTON, SID**  
 STREET ADDRESS **600 PACKARD CT**  
 CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** *Will Boughton*

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

Date

Daytime Phone #