


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90087 014 ***138.75

DOCUMENT # L07000028396	
1. Entity Name DIXIE CROSSINGS, LLC	

Principal Place of Business 6219 VISTA VERDE DRIVE W. GULFPORT, FL 33707	Mailing Address 6219 VISTA VERDE DRIVE W. GULFPORT, FL 33707
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2. Principal Place of Business - No P.O. Box # 6219 VISTA VERDE DR. W.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State GULFPORT	City & State FL
Zip 33707	Country PINELLAS
Zip 33707	Country

60003863



01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8641674	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 LAMER, LYNN S 6219 VISTA VERDE DRIVE W. GULFPORT, FL 33707	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMER, LYNN S 6219 VISTA VERDE DRIVE W. GULFPORT, FL 33707 <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: Lynn S. Lamer **1/23/08 343-1091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #