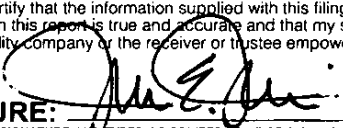


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90322 032 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                                 |                                                                                       |                                                                                   |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L07000031159</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |                                 |                                                                                       |  |                                                                   |
| <b>1. Entity Name</b><br>500 DIXIE LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                 |                                                                                       |                                                                                   |                                                                   |
| <b>Principal Place of Business</b><br>500 SOUTH DIXIE HIGHWAY<br>303<br>CORAL GABLES, FL 33146                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |                                 | <b>Mailing Address</b><br>500 SOUTH DIXIE HIGHWAY<br>303<br>CORAL GABLES, FL 33146 US |                                                                                   |                                                                   |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                | <b>3. Mailing Address</b>       |                                                                                       |                                                                                   |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                | Suite, Apt. #, etc.             |                                                                                       |                                                                                   |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                | City & State                    |                                                                                       |                                                                                   |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Country                                                                        | Zip                             | Country                                                                               | 04172008    Chg-LLC    CR2E083 (12/06)                                            |                                                                   |
| <b>4. FEI Number</b><br>20-8741661                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |                                 |                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                 |                                                                                       | <b>\$5.00 Additional Fee Required</b>                                             |                                                                   |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                 | <b>7. Name and Address of New Registered Agent</b>                                    |                                                                                   |                                                                   |
| JUNKIN, CYNTHIA D<br>500 SOUTH DIXIE HIGHWAY<br>303<br>CORAL GABLES, FL 33146                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                    |                                                                                   |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                                 | FL    Zip Code                                                                        |                                                                                   |                                                                   |
| <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.</b>                                                                                                                                                                                                                                                                            |                                                                                |                                 |                                                                                       |                                                                                   |                                                                   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                 |                                                                                       |                                                                                   |                                                                   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                 |                                                                                       | <b>Make check payable to</b><br><b>Florida Department of State</b>                |                                                                   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                 | <b>10. ADDITIONS/CHANGES</b>                                                          |                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MGRM<br>JUNKIN, JOHN E IV<br>500 SOUTH DIXIE HIGHWAY<br>CORAL GABLES, FL 33146 | <input type="checkbox"/> Delete |                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MGRM<br>JUNKIN, CYNTHIA D<br>500 SOUTH DIXIE HIGHWAY<br>CORAL GABLES, FL 33146 | <input type="checkbox"/> Delete |                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | <input type="checkbox"/> Delete |                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | <input type="checkbox"/> Delete |                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | <input type="checkbox"/> Delete |                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | <input type="checkbox"/> Delete |                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |                                                                                |                                 |                                                                                       |                                                                                   |                                                                   |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                | JOHN E. JUNKIN, IV              |                                                                                       | Date: 4-17-08                                                                     | Daytime Phone #: 305-665-0641                                     |