

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/ FILED
Apr 07, 2008 8:00 am
Secretary of State

03-14-2008 90205 033 ***138.75

DOCUMENT # L07000065845 1. Entity Name 20 DIXIE LANE N-GA, LLC					
Principal Place of Business ONE FINANCIAL PLAZA SUITE 2001 FORT LAUDERDALE, FL 33394 US			Mailing Address ONE FINANCIAL PLAZA SUITE 2001 FORT LAUDERDALE, FL 33394 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 26-0462838				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				01302008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent MURAI WALD BIONDO MORENO & BROCHIN, P.A. TWO ALHAMBRA PLAZA, PH 1B CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent 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 reissuing)					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM NEWMAN CAPSTONE, LLC ONE FINANCIAL PLAZA, SUITE 2001 FORT LAUDERDALE, FL 33394	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 03-04-2008 954-375-2081 Daytime Phone #		

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