

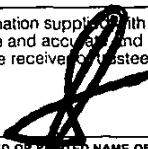


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90064 019 ***138.75

DOCUMENT # L07000066938 1. Entity Name 1700 SOUTH DIXIE, LLC			
Principal Place of Business 501 SOUTH FLAGLER DRIVE STE 307 WEST PALM BEACH, FL 33401		Mailing Address 501 SOUTH FLAGLER DRIVE STE 307 WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 450 Northridge Parkway Suite, Apt. #, etc. Suite 300 City & State Atlanta, GA Zip Country 30350 USA	
			
		02012008 Chg-LLC CR2E083 (12/06)	
		4. FEI Number 26-0499295 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE STE 1100 WEST PALM BEACH, FL 33401		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 _____ (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	Managing Member	TITLE	Change Addition
NAME	6611 Flagler Drive, LLC	NAME	
STREET ADDRESS	450 Northridge Parkway - Suite 300	STREET ADDRESS	
CITY - ST - ZIP	Atlanta, GA 30350	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: 		Charles S. Roberts 2/6/08 770-394-6000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			