

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070932

FILED
Jan 25, 2008
Secretary of State

Entity Name: THE DIXON GROUP INDUSTRIES,L.L.C.

Current Principal Place of Business:

4379 APPLE TREE PLACE
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

4379 APPLE TREE PLACE
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 87-0805977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, BARBARA
4379 APPLE TREE PLACE
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

DIXON, BARBARA
4379 APPLE TREE PLACE
JACKSONVILLE, FL 32258 US

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.

SIGNATURE: BARBARA DIXON

01/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DIXON, BARBARA
Address: 4379 APPLE TREE PLACE
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM () Delete
Name: DIXON, LESLIE
Address: 4379 APPLE TREE PLACE
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM () Delete
Name: DIXON, KIMBERLY
Address: 1922 MILLINGTON LANE
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA DIXON

MGRM

01/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date