2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L08000097236

Entity Name: DIXIE LIZARD L.L.C.

Current Principal Place of Business:

358 NE 249 AVE.
OLD TOWN, FL 32680

New Principal Place of Business:

Current Mailing Address:

358 NE 249 AVE.
OLD TOWN, FL 32680

New Mailing Address:

FEI Number: 26-4608347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLENDENING, GARY WILLIAM
358 NE 249 AVE.
OLD TOWN, FL 32680 US

Name and Address of New Registered Agent:

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: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GLENDENING, GARY WILLIAM
Address: 358 NE 249 AVE.
City-St-Zip: OLD TOWN, FL 32680

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: GLENDENING, GARY WILLIAM
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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: GARY WILLIAM GLENDENING MGR 04/06/2009

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