2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107842

Entity Name: THE DIXIE JAS LLC

Address:

City-St-Zip:

48 EAST ROYAL PALM ROAD

BOCA RATON, FL 33432

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 48 EAST ROYAL PALM ROAD BOCA RATON, FL 33432 **Current Mailing Address: New Mailing Address:** 48 EAST ROYAL PALM ROAD BOCA RATON, FL 33432 FEI Number: 26-3746035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINSON, MORRIS 48 EAST RÓYAL PALM ROAD BOCA RATON, FL 33432 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete ROBINSON, MORRIS Name: Name: 48 EAST ROYAL PALM ROAD Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: MGR Title: MGRM (X) Change () Addition () Delete ROBINSON, CHARLOTTE Name: ROBINSON, CHARLOTTE Name: Address: 48 EAST ROYAL PALM ROAD Address: 48 EAST ROYAL PALM ROAD City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432 Title: MGR () Delete Title: MGRM (X) Change () Addition BRAMNICK, HINDA BRAMNICK, HINDA Name: Name: Address: 48 EAST ROYAL PALM ROAD Address: 48 EAST ROYAL PALM ROAD City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432 Title: MGR () Delete Title: MGRM (X) Change () Addition Name: ROBINSON-ADAMSON, HARRIET Name: ROBINSON, PHYLLIS Address: 48 EAST ROYAL PALM ROAD Address: 48 EAST ROYAL PALM ROAD City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432 Title: MGR (X) Delete Title: () Change () Addition ROBINSON, PHYLLIS Name: Name: 48 EAST ROYAL PALM ROAD Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: (X) Delete Title: () Change () Addition ROBINSON, JOSHUA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MORRIS ROBINSON MGR 04/20/2009