

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 11:10



DOCUMENT # M00000001808 1. Entity Name DIXIE INVESTORS, LLC	
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Principal Place of Business 4415 PHEASANT RIDGE ROAD, SW, STE. 300 ROANOKE, VA 24014	Mailing Address 4415 PHEASANT RIDGE ROAD, SW, STE. 300 ROANOKE, VA 24014
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2. Principal Place of Business - No P.O. Box # <i>4423 Pheasant Ridge Road</i> Suite, Apt. #, etc. <i>Suite 301</i> City & State <i>Roanoke, VA</i>	3. Mailing Address <i>4423 Pheasant Ridge Road</i> Suite, Apt. #, etc. <i>Suite 301</i> City & State <i>Roanoke, VA</i>
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03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number 54-1962349	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	Zip Country <i>24014 USA</i>
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6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SMITH, JAMES R	
STREET ADDRESS	4415 PHEASANT RIDGE RD., STE 303	
CITY-ST-ZIP	ROANOKE, VA 24014	

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>4423 Pheasant Ridge Road, Suite 301</i>	
CITY-ST-ZIP	<i>Roanoke, VA 24014</i>	

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]* *3/31/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #