

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			
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	
2. Principal Place of Business - No P.O. Box # 4423 Pheasant Ridge Road Suite, Apt. #, etc. Suite 301 City & State Roanoke, VA Zip 24014		3. Mailing Address 4423 Pheasant Ridge Road Suite, Apt. #, etc. Suite 301 City & State Roanoke, VA Zip 24014	
		03312008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 54-1962349		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, JAMES R 4415 PHEASANT RIDGE RD., STE 303 ROANOKE, VA 24014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4423 Pheasant Ridge Road, Suite 301 Roanoke, VA 24014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		3/31/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	