


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90179 015 ***138.75

DOCUMENT # M99000001383	
1. Entity Name SOUTH DIXIE-ROSARO, LLC	

Principal Place of Business 2824 PALM BEACH BLVD. FT. MYERS FL 33916	Mailing Address 2824 PALM BEACH BLVD. FT. MYERS FL 33916
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent MCBRIDE, GERALD ESQ. 2824 PALM BEACH BLVD. FT. MYERS FL 33916		7. Name and Address of New Registered Agent Name McBride, Brian Street Address (P.O. Box Number is Not Acceptable) 2824 Palm Beach Blvd. City Fort Myers FL Zip Code 33916	
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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 *YB MB* **Brian McBride, Managing Member** DATE *3/7/08*

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

<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee Will Be \$538.75 Make Check Payable to Florida Department of State</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCBRIDE, BRIAN 2824 PALM BEACH BLVD. FT. MYERS FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 Section 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: *B MB* **Brian A. McBride** *3/7/08* **239-479-5555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #