## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000018065

FILED Apr 15, 2009 Secretary of State

Entity Name: DIXIE COURT GP, INC.									
Current Principal Place of Business:				New Principal Place of Business:					
437 SW 4 A FORT LAU	AVE DERDALE, I	FL 33315							
Current Mailing Address:				New Mailing Address:					
437 SW 4 A FORT LAU	AVE DERDALE, I	FL 33315							
FEI Number:	20-2287631	FEI Numl	per Applied For ( )	FEI Number Not Appli	icable ( )	Certifica	te of Status Desired	1()	
Name and	gistered Agent:	Name and	Name and Address of New Registered Agent:						
ENGLISH, 437 SW 47 FORT LAU		FL 33315	US						
The above in the State		/ submits thi	s statement for the pu	rpose of changing it	ts registere	d office or re	egistered agent, o	or both,	
SIGNATUR	RE:								
	Electro	onic Signatu	re of Registered Ager	t			Date		
Election Can	npaign Financi	ng Trust Fund	d Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CAMP, JAME 111 SE 12TH		3311	Title: Name: Address: City-St-Zip:		()Change(	( ) Addition		
Title: Name: Address: City-St-Zip:	TRANAKAS, N 6405 N FEDE	) Delete NICHOLAS H RAL HWY, ST RDALE, FL 3		Title: Name: Address: City-St-Zip:		()Change(	( ) Addition		
Title: Name: Address: City-St-Zip:	CARSON, SH 1436 SISTRU		3311	Title: Name: Address: City-St-Zip:		()Change(	( ) Addition		
Title: Name: Address: City-St-Zip:	KELLEY, ROI 712 SW 13TH		3304	Title: Name: Address: City-St-Zip:	D KELLEY, RO 700 SE 3RD FORT LAUD		, ,		
Title <sup>.</sup>	D (	) Delete		Title ·	D	(X) Change	( ) Addition		

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

POZZUOLI, ĠIŃA R

437 SW 4 AVENUE

FORT LAUDERDALE, FL 33315

SIGNATURE: TAM A. ENGLISH DIR 04/15/2009

GOODCHILD, QUINN F

633 SOUTH ANDREWS AVENUE #500

FORT LAUDERDALE, FL 33301

Name:

Address:

City-St-Zip: