


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

**FILED
Mar 03, 2008 08:00 A
Secretary of State**

DOCUMENT # L05000019708

1. Entity Name
726 NORTH DIXIE, LLC.



Principal Place of Business Mailing Address
634 EAST THIRD AVENUE POST OFFICE BOX 2011
NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32170
US US



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)

4. FEI Number Applied For
61-1484789 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEIDE, BRUCE
634 EAST THIRD AVENUE
NEW SMYRNA BEACH FL 32169**

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 acceptable (NOTE: Registered Agent's 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	MGRM	<input type="checkbox"/> Delete
NAME	WEIDE, BRUCE	
STREET ADDRESS	634 EAST THIRD AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SUTTLE, DAVID	
STREET ADDRESS	5342 RIVER FOREST	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MOUNTS, JACK	
STREET ADDRESS	929 CHINABERRY COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SPAYER, JOSEPH	
STREET ADDRESS	8215 GLASGOW ROAD	
CITY-ST-ZIP	CASSADAGA NY 14718	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Bruce Weide* *Bruce Weide* 2-26-08 386-423-7611

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