

2001 UNIFORM BUSINESS REPORT (UBR)

0001345 AF

DOCUMENT # L00000013233

1. Entity Name
DILLON PROPERTIES, LLC

FILED

01 JUN -4 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

SUITE 307
3250 MARY STREET
COCONUT GROVE FL 33133

Mailing Address

301 WEST 53RD STREET, SUITE 16-D
NEW YORK NY 10019

2. Principal Place of Business

301 WEST 53RD STREET
Suite, Apt. #, etc.
#9K

3. Mailing Address

301 WEST 53RD STREET
Suite, Apt. #, etc.
9K

DO NOT WRITE IN THIS SPACE

City & State
NEW YORK, NY

Zip 10019 Country USA

City & State
NEW YORK, NY

Zip 10019 Country USA

4. FEI Number

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CRONIG, STEVEN C
307 CONTINENTAL PLAZA
3520 MARY STREET
COCONUT GROVE FL 33133

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.

SIGNATURE

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MANAGER	JOHN J. DILLON	301 WEST 53RD STREET #9K	NEW YORK, NY 10019	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-29-01 718-392-0900
Date Daytime Phone #

CFR2E083 (11/00)