

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013233

1. Entity Name

DILLON PROPERTIES, LLC

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

FILED

01 JUN -4 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

301 WEST 53RD STREET

Suite, Apt. #, etc.

#9K

City & State

NEW YORK, NY

Zip

10019

Country

USA

3. Mailing Address

301 WEST 53RD STREET

Suite, Apt. #, etc.

9K

City & State

NEW YORK, NY

Zip

10019

Country

USA

DO NOT WRITE IN THIS SPACE

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 MANAGER
NAME JOHN J. DILLON
STREET ADDRESS 301 WEST 53RD STREET #9K
CITY-ST-ZIP NEW YORK, NY 10019

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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*****50.00 *****50.00

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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

5-29-01 718-392-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

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