

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90134 003 ****50.00

DOCUMENT # L00000013233

1. Entity Name

DILLON PROPERTIES, LLC

Principal Place of Business

**301 WEST 53RD STREET
 #9K
 NEW YORK NY 10019**

Mailing Address

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

2. Principal Place of Business

1991 Broadway

Suite, Apt. #, etc.

Unit 20A

City & State

New York, N.Y.

Zip

10023

Country

USA

3. Mailing Address

1991 Broadway

Suite, Apt. #, etc.

Unit 20A

City & State

New York, N.Y.

Zip

10023

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1050974

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
 NAME **ORLON, JOHN J**
 STREET ADDRESS **301 WEST 53RD STREET #9K**
 CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **Dillon, John J**
 STREET ADDRESS **1991 Broadway - Unit #20A**
 CITY-ST-ZIP **New York, NY 10023** ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

4/15/02

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

Date

Daytime Phone #

CR2E083 (9/01)