

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90035 004 \*\*\*\*55.00

**DOCUMENT # L00000013280**

1. Entity Name  
**DION OIL COMPANY, LLC**



Principal Place of Business  
**638 UNITED STREET  
KEY WEST, FL 33040**

Mailing Address  
**PO BOX 1209  
KEY WEST, FL 33041-1209**

**DO NOT WRITE IN THIS SPACE**



04192005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-1049126**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~DION LAWRENCE R~~  
~~638 UNITED STREET~~  
~~KEY WEST, FL 33040~~

**RAMPALL PAUL**  
**400 ROYAL PALM WAY**  
**SUITE 410**  
**PALM BEACH, FL**  
**33480**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<del>MGR</del>
NAME	<del>DION LAWRENCE R</del>
STREET ADDRESS	<del>638 UNITED STREET</del>
CITY - ST - ZIP	<del>KEY WEST, FL 33040</del>
TITLE	<b>MGR</b>
NAME	<b>DION PARTNERSHIP LTD</b>
STREET ADDRESS	<b>638 UNITED ST</b>
CITY - ST - ZIP	<b>KEY WEST, FL 33040</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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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: Suzanne D. Banks **SUZANNE D. BANKS** 4-29-05 305-296-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #