2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000011002

1. Entity Name
DYLANO II, LLC



Principal Place of Business 235 OCALA ROAD SOUTH TALLAHASSEE, FL 32304 Mailing Address P.O. BOX 2535

TALLAHASSEE, FL 32316

FILED Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90032 043 ****50.00



03062006 No Chg-LLC

CR2E083 (11/05)

	_ \$5.0	nn .	Additional
NOT APPLICABLE			Not Applicable
4. FEI Number			Applied For

5. Certificate of Status Desired

Fee Required

6.	Name	and	Address	of	Current	Reg	jiste	red	Agent	

LEONI, STEVEN M 2020 WEST PENSACOLA STE **27** TALLAHASSEE, FL 32304

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	enamed entity submits this statement for the purpose of chartions of registered agent.	nging its registere	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	od Agent signature required when reinstating) DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	LEONI, STEVEN		
STREET ADDRESS	P.O. BOX 2535		
CITY-ST-ZIP	TALLAHASSEE, FL 32316		<u> </u>
TITLE			
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11. I hereby certify that the information supplied with this ting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that try 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 trigger empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

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

3/24/06

850-580-3131

Daytime Phone #