2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000025789

1. Entity Name

DION COMMERCIAL PROPERTIES, LLC



FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

638 UNITED STREET KEY WEST, FL 33040

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PO BOX 1209

KEY WEST, FL 33041-1209



DO NOT WRITE IN THIS SPACE

04182006 No Chq-LLC

CR2E083 (11/05)

4. FEI Number 05-0571913

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMPBELL, PAUL ESQUIRE 50 COCOANUT ROW, SUITE 220 PALM BEACH, FL 33480

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	bove named entity socialist this statement for the polipose of cha- pligations of registered agent.	angling its registered office or registered agent, or both, in the	State of Florida. I am familiar wit	n, and accept
SIGNATU	Signature, typed or printed name of registered agent and tide if applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE	- , ·
	Filing Fee is \$50.00 Due by May 1, 2006			 -
9.	MANAĞİNG MEMBERS/MANAGERS			· · · · · · · · · · · · · · · · · · ·
TITLE	MGRM			
	1			

DION PARTNERSHIP, LTD. STREET ADDRESS 638 UNITED STREET CITY-ST-ZIP KEY WEST, FL 33040 TITLE NAME STREET ADDRESS CITY-ST-ZIP 7071 F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS

U00000538282 05/09/06-80051-014 55.00

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11. I hereby certify that the information supplied with this filling 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 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:	Sig.	400	Saclos	
			NAGING MEMBER, OR AUTHORE	ZED REPRESENTATIVE

Date

Daytime Phone #