## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
May 02, 2005 08:00 AM
Secretary of State

	DOC	JMENT	# L	-0300	002	5801
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1. Entity Name

DION RENTAL PROPERTIES, LLC



Principal Place of Business

638 UNITED STREET KEY WEST, FL 33040 Mailing Address

PO BOX1209

KEY WEST, FL 33041-1209



04192005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 05-0571920 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

6. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered	d office or registered agent, or bot	th, in the State of Florida. I a	m familiar with, and accep	t
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered)	Agent signature required when reinstating)	, DAT	£	
Fi Di	iling Fee is \$50.00 ue by May 1, 2005			. +		
9.	MANAGING MEMBERS/MANAGERS					_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DION PARTNERSHIP, LTD. 638 UNITED STREET KEY WEST, FL 33040		·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U0000035862 05/04/05-80122	0 -007 55.00	
TITLE NAME STREET AODRESS CITY-ST-ZIP			DO	NOT WRIT	Έ	
TITLE Name Street Address City-St-Zip			IN .	THIS SPAC	E	
TITLE				•		

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 AND TYPED OR PRINTED N

STREET ADDRESS CITY+ST-ZIP TITLE KAME STREET ADDRESS CITY+ST-ZIP

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

SUZANDE D. BANKS 4.29.05

Daytime Phone #