## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT #L05000099823

1. Entity Name



**FILED** Apr 17, 2006 8:00 am Secretary of State 04-05-2006 90018 050 \*\*\*\*50.00

DIAL PROPERTIES II, LEC									
Principal Place of Business 12505 TURNBERRY DRIVE JACKSONVILLE, FL 32225		Mailing Address 12505 TURNBERRY DRIVE MOKSONVILLE, FL 32225							
A Device of Contract		3. Mailing Address							
2. Principal Place of Business		A Misely rearess			(WILL) E		1 <b>1510 BU</b>	1 <b>1191 4 161</b> (1	1911 B 1193
Suite, Apt. #, etc.		Suite, Apri. #, etc.		03312006	Chg-LLC	CR2E08	3 (11/05)		
City & State		City & State			4. FEI Numb	1-44-4	681		polied For It Applicable
Zip	Country	ZIp	Count	try		of Status Desired	3	5.00 Add	
	6. Name and Address of Current	tegistered Agent			7. Name and	Address of New R	egistered A	gent -	
WATSON.	ממסד	Name		Name			ē	_	
7785 BAYMEADOWS WAY SUITE 107 JACKSONVILLE, FL 32256		Street Add		Street Address (I	P.O. Box Numb	er is Not Acceptable	)		
				City			<u>FL</u>	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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Significats, lipted or pretend nerms of registered agent and total applicables. (NOTE: Registered Agent Significats, lipted or pretend nerms of registered agent and total disposation.									
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE HAME STREET ADDRESS CITY-ST-ZIP	MGRM DYAL, MARVIN A TRUSTEE 12505 TURNBERRY DRIVE JACKSONVILLE, FL 32225	Deletin	TITUS NAME STRE					Change	Addition
IIILE	MGRM	☐ Deteta	TITLE					Change	Addition
NAME	DYAL LILLIAN G TRUSTEE		NAME						
STREET ADDRESS CITY-ST-ZIP	12505 TURNBERRY DRIVE JACKSONVILLE, FL 32225			ET ACORESS -ST-ZIP					i
TITLE NAME	JACKSONVILLE, FE 32223	□ Oelese	TITLE					Change	Addition
STREET ADDRESS CITY-ST-EP				et address -St-Zip					
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NAME STREET ADDRESS				ET ADDRESS					ļ
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TITLE		☐ Odde	πι					Change	Addition
HAME			NAME						
STREET ADORESS				ET ADDRESS					ĺ
CITY-ST-ZIP				-S1-ZIP	in Orange dan	Clarida Process 14			
11. I hereby	certify that the information supplied with	n ones hiting does not qualify for I that my signature shall have I	me exe the enm	mptions contained e lansi effect as if n	en Chapter 119, nade under oati	, r-runcia Sistutes, i fu n: that I am a manac	iriner cently iina member	inei ine info ' or manace	rnason rofthe

ered to execute this report as required by Chapter 608, Florida Statutes

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