File on or before May 1, 1999 or Limited	Liability Comp	pany will be			
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Scretary of State DIVISION OF CORPORATIONS		FILED			
			99 APR -7 AH 9: 01		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001102			TALLAHASSFE, FLORIDA		
_ DION & ASSOCIATES, LLC			1a. Principal Place of Business Address		
2006 14TH AVENUE WEST BRADENTON FL 34205			2006 14TH AVENUE WEST BRADENTON FL 34205		
2 Principal Place of Business 2a, Mailing Address			3. Date Organized or Qualified	3a. State of Formation	
Suite ADI M. etc.			07/16/1998	FL	
Suite, Apt. #, etc. Suite, Apt. #, etc.			4. FEI Number	Applied For	
City & State			65-085198	, <u>, , , , , , , , , , , , , , , , , , </u>	
BRADENTON, Fl.			5. Date of Last Report	Not Applicable 6. Certificate of Status Desired	
Zip Country Zip	Countr	У	a. Date of Last Nepoli	S8.75 Additional Fee Required	
34209 MANATTEE		,	<u> </u>		
7. Name and Address of Current Registered Agent 8. Name		Name and Address of New Reg	istered Agent/Office		
DION, RICHARD L 2006 14TH AVENUE WEST BRADENTON FL 34205			O. Box Number is Not Accept	abie)	
Suite, Apt #, eic					
City			Zıp Code		
			FI		
 Pursuant to the provisions of Sections 608 416 and 608.508, its registered office or registered agent, or both, in the State of Flor as, registered agent, and accept the obligations. 					
SIGNATURE	rati kuji se a A rejecja za	e responsation to the fail of	DATE		
10. Title Managing Members/Managers	le Managing Members/Managers Business Street Addres		City, State and Zip Code		
MGRM DION, RICHARD L	2006 14TH AVENUE V		NEST BRADI	BRADENTON FL	
	40002840874				
11 I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: Signature of the production of the					