


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90035 016 \*\*\*\*50.00

<b>DOCUMENT # L05000034745</b>	
1. Entity Name <b>DURA-STRESS UNDERGROUND TRANSPORT, LLC</b>	

Principal Place of Business <b>11132 COUNTY ROAD 44 E SUITE B LEESBURG, FL 34788</b>	Mailing Address <b>11132 COUNTY ROAD 44 E SUITE B LEESBURG, FL 34788</b>
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2. Principal Place of Business - No P.O. Box # <b>11043 County Rd 44E</b>	3. Mailing Address <b>P.O. Box 120219</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Leesburg, FL</b>	City & State <b>W. Melbourne, FL</b>
Zip <b>34788</b>	Zip <b>32912</b>
Country <b>lake</b>	Country <b>Brevard</b>



04092007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>55-0894128</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>	
<b>FULLER, KENT G 30320 SPRINGWATER CIRCLE LEESBURG, FL 34748</b>	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FULLER, KENT G 30320 SPRINGWATER CIRCLE LEESBURG, FL 34748</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SMITH, DAVID 30320 SPRINGWATER CIRCLE LEESBURG, FL 34748</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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:**  **Member** **4/25/07** **321-724-1697**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #