2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000011172

1. Entity Name

CITY-ST-ZIP

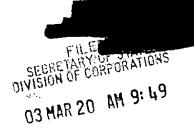
STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

THE DUNES GROUP, L.L.C.





			[0	3 MAR ZU BIL		
Principal Place of Business 8700 133RD AVE N LARGO FL 33773-1512 US		Mailing Address 8700 133RD AVE N LARGO FL 33773-1512 US		T 	Banka arka arka arka arka arka ar		1461 <u>1</u> 1711 1221	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number	59-3671489	<u> </u>	pplied For lot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required			
	6. Name and Address of Current	Registered Agent			7. Name and Ac	idress of New Register	red Agent	
	A Company of the Company	7 100 100 2	Name		en eren i per			
ENGLANDER, LEONARD S 721 1ST AVENUE NORTH ST. PETERSBURG FL 33701			Street Address		(P.O. Box Number is Not Acceptable)			
	r Elekobona i E 00/01			City		_	- Sin Co	40
			i '	City			EL Zip Coo	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent.			gent algnature required		DA	五	and accept
		Make Check Payab		•	nt of State		H 9: 1	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/CHANG	GES 🧑	<u>(6</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M ROSENBERGER, KEVIN 2184 PINNACLE CIRCLE S.	☐ Delete	TITLE NAME STREET A		M ricia Rose 4 Pinnacle m Harbor,		Change	Addition
TITLE NAME STREET ADDRESS	PALM HARBOR FL 34684 MBR HEALEY, DEMAS 700 STRIKEY ROAD	🖾 Delete	TITLE NAME STREET A	NDORESS	m Harbor,	FL 34684	☐ Change	Addition:
C/TY-\$7-ZIP	Lango FL 33771 MBR	Z Delete	CITY-ST-		• 🙃		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	BRAAKS A. MARVIN 1050 AKE WILLIAMS DRIVE 012-SSA FL 33556	LOI DEIEIG	NAME STREET A CITY-ST-	ADDRESS CO	e & hat	berger- noia Ros e listed o	senber	ge(
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	ODRESS Y	nould b	e listed o	Change S O S	U□ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET A	DORESS			☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZP

TITLE

NAME STREET ADDRESS

Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BONDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/25/03

Daytime Phone #

☐ Change

☐ Addition

CR2E083 (10/02)