

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000273

FILED
May 01, 2004
Secretary of State

Entity Name: DURANT GROUP, L.L.C.

Current Principal Place of Business:

222 HARBOUR DRIVE
SUITE 303
NAPLES, FL 34103

New Principal Place of Business:

3185 VAN BUREN AVE.
NAPLES, FL 34112

Current Mailing Address:

222 HARBOUR DRIVE
SUITE 303
NAPLES, FL 34103

New Mailing Address:

3185 VAN BUREN AVE.
NAPLES, FL 34112

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DABROWSKI, KENNETH R
222 HARBOUR DRIVE
SUITE 303
NAPLES, FL 34103

Name and Address of New Registered Agent:

DABROWSKI, KENNETH R
3185 VAN BUREN AVE.
NAPLES, FL 34112

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.

SIGNATURE:

05/01/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DABROWSKI, VALARIE L
Address: 222 HARBOUR DR SUITE 303
City-St-Zip: NAPLES, FL 34103

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DABROWSKI, VALARIE L
Address: 3185 VAN BUREN AVE.
City-St-Zip: NAPLES, FL 34112

Title: MGR () Change (X) Addition
Name: DABROWSKI, KENNETH R
Address: 3185 VAN BUREN AVE.
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KENNETH R DABROWSKI

MGR

05/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date