


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000001017</b> 1. Entity Name DUNA INVESTMENTS, L.C.	
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Principal Place of Business 2 SOUTH BISCAYNE BLVD. SUITE 2630 MIAMI, FL 33131	Mailing Address 2 SOUTH BISCAYNE BLVD. SUITE 2630 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**

04262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1085844	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

UNLIMITED SOURCE MARKETING COMPANY  
2 SOUTH BISCAYNE BLVD.  
SUITE 2630  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000343778  
04/29/05-80109-021 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UNLIMITED SOURCE MARKETING COMPANY 2 SOUTH BISCAYNE BLVD., STE. 2630 MIAMI, FL 33131
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IN THIS SPACE**

11. I 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 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: Christina Collins Pres, -CHRISTINA COLLINS  
UNLIMITED SOURCE MARKETING COMPANY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-25-05 305-350-1921