

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90013 038 \*\*\*\*50.00

0000650

**DOCUMENT # L02000003940**

1. Entity Name  
**DUKE RC, LLC**



Principal Place of Business  
**536 RICKER AVENUE  
SANTA ROSA BEACH FL 32459**

Mailing Address  
**536 RICKER AVENUE  
SANTA ROSA BEACH FL 32459**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**11655 Florence Ave**

3. Mailing Address  
**11655 Florence Ave**

Suite, Apt. #, etc.  
City & State  
**Fort Walton Beach, FL**

Suite, Apt. #, etc.  
City & State  
**Fort Walton Beach FL**

Zip  
**32547**

Country

Zip  
**32547**

Country

4. FEI Number  
**75-3005347**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUKE, TANYA L  
536 RICKER AVENUE  
SANTA ROSA BEACH FL 32459**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**11655 Florence Avenue**  
City  
**Fort Walton Beach FL** Zip Code  
**32547**

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 *Duke* **Tanya L. Duke** **CEO** **5/1/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DUKE, TANYA L 536 RICKER AVENUE SANTA ROSA BEACH FL 32459</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DUKE, BRYAN D 536 RICKER AVENUE SANTA ROSA BEACH FL 32459</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11655 Florence Avenue Fort Walton Beach, FL 32547</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11655 Florence Avenue Fort Walton Beach, FL 32547</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:** *SIGNATURE REQUIRED* **Duke** **CEO** **5/1/03** **850/244-7238**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)