

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

8/2

FILED
Sep 09, 2003 8:00 am
Secretary of State

08-22-2003 90075 012 ****50.00

DOCUMENT # L02000009653

1. Entity Name
DURAK, L.L.C.



Principal Place of Business

Mailing Address

1717 N. BAYSHORE DR., SUITE 102
MIAMI FL 33132

1717 N. BAYSHORE DR., SUITE 102
MIAMI FL 33132

55056130

2. Principal Place of Business

3. Mailing Address

1717 N. BAYSHORE DR.

1717 N. BAYSHORE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 215

SUITE 215

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

Country

Zip

Country

33132

USA

33132

USA

4. FEI Number

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

BEDARD, DENNIS R
1717 N. BAYSHORE DR., SUITE 102
MIAMI FL 33132

Name **BEDARD, DENNIS R**
Street Address (P.O. Box Number is Not Acceptable)
1717 N. BAYSHORE DR., SUITE 215
City **MIAMI** FL Zip Code **33132**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME **ALEXANDER WENTRAUB** Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Change Addition
NAME **ALEXANDER WENTRAUB**
STREET ADDRESS **1717 N BAYSHORE DRIVE STE 215**
CITY-ST-ZIP **MIAMI, FLORIDA 33132**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

8/9/03

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

Date

Daytime Phone #

CR2E083 (4/03)