


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90273 035 \*\*\*\*50.00

DOCUMENT # L02000017269 1. Entity Name FUND FOR DUKE, LLC	
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Principal Place of Business 101 MAKO LANE JUPITER, FL 33477	Mailing Address 101 MAKO LANE JUPITER, FL 33477
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**DO NOT WRITE IN THIS SPACE**



03152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 45-0481756	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NOVATT, JEFF M ESQ.  
 CHEFFY, PASSIDOMO, WILSON & JOHNSON LLP  
 821 FIFTH AVE. SOUTH, STE. 201  
 NAPLES, FL 34102

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAXSON, CHESTER J MD 101 MAKO LANE JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAXSON, JILL 101 MAKO LANE JUPITER, FL 33477
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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: *Jeff Maxson* Jill Maxson Managing Member 03/31/04 561-741-8125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_