
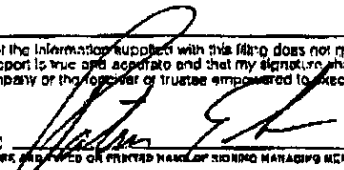


# L02000021528

FILED  
MAY 12 AM 10:46  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) \*\* AMENDED \*\*

|   |   |   |                               |
|---|---|---|-------------------------------|
| DOCUMENT # L02000021528   |   |                            |                               |
| 1. Entity Name<br>Durbin Crossing, LLC  |   |   |                               |
| DO NOT WRITE IN THIS SPACE  |   |   |                               |
| 2. Principal Place of Business<br>515 E Las Olas Blvd<br>15th Floor<br>Fort Lauderdale FL<br>33301  |   | 3. Mailing Address<br>515 E Las Olas Blvd<br>15th Floor<br>Fort Lauderdale FL<br>33301                      |                               |
| 4. FEI Number<br>270029828  |   | Applied For<br>Not Applicable   |                               |
| 5. Certificate of Status Required <input type="checkbox"/>  |   | \$5.00 Additional Fee Required  |                               |
| DO NOT WRITE<br>IN THIS SPACE   |   | 7. Name and Address of Current Registered Agent   |                               |
|   |   | Name<br>Jason R Sessions  |                               |
|   |   | Street Address (P.O. Box Number is Not Acceptable)<br>4720 Salisbury Rd Ste 239<br>Jacksonville FL<br>32256 |                               |
| 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 _____ DATE _____  |   |   |                               |
| FEE \$50.00<br>Make Check Payable to Florida Department of State<br>DUE BY MAY 1  |   |   |                               |
| 9. MANAGING MEMBERS/MANAGERS  |   |   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Manager<br>Durbin Crossing Development Corp<br>4720 Salisbury Rd Ste 239<br>Jacksonville FL 32256 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 800036215498                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DO NOT WRITE<br>IN THIS SPACE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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)(c), 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. I am a managing member or manager of the limited liability company or the partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |   |                               |
| SIGNATURE:   |   | 5/11/04 305 856 0369  |                               |
| SIGNATURE IMPRINT OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |   |                               |
| Jason R Sessions, Pres  |   |   |                               |

AMENDED  
2004  
AR

BK

CR2E0838 (12/02)



LO2000021528

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 638317 7215498

AUTHORIZATION :

*Patricia Pignato*

COST LIMIT : \$ 50.00

ORDER DATE : May 11, 2004

ORDER TIME : 12:52 PM

ORDER NO. : 638317-010

CUSTOMER NO: 7215498

CUSTOMER: Jeri Poller, Esq  
Jeri Poller P.a.  
6013 Northwest 23rd Avenue  
Boca Raton, FL 33496

*BK*

FILED  
04 MAY 12 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

\*\*\* AMENDED \*\*\*

NAME: DURBIN CROSSING, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd-EXT#2940

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
04 MAY 12 PM 4:54  
DIVISION OF CORPORATION