



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90188 010 ****50.00

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

DOCUMENT # L02000021528			
1. Entity Name DURBIN CROSSING, LLC			
Principal Place of Business 20801 BISCAYNE BOULEVARD STE. 505 AVENTURA, FL 33180		Mailing Address 20801 BISCAYNE BOULEVARD STE. 505 AVENTURA, FL 33180	
2. Principal Place of Business 515 East Las Olas Blvd 15th Floor Fort Lauderdale, FL 33301 USA		3. Mailing Address 515 East Las Olas Blvd 15th Floor Fort Lauderdale, FL 33301 USA	
4. FEI Number 27-0029828		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. 20801 BISCAYNE BOULEVARD STE. 505 AVENTURA, FL 33180		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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	
Signature, typed or printed name of registered agent and title (if applicable)		(NOTE: Registered Agent signature required when creating)	
FILE NOW!!! FEB IS 450.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PERLOW, JEFFREY M 20801 BISCAYNE BOULEVARD STE. 505 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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(9)(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 606, Florida Statutes.			
SIGNATURE: 		Date: 7/28/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

CR2E083 (1/02)