



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90072 026 ****50.00

DOCUMENT # L03000019977					
1. Entity Name THE DUREN O'NEILL GROUP, LLC					
Principal Place of Business 502 BEACH ROAD SOUTH HOBE SOUND, FL 33455 US		Mailing Address 502 BEACH ROAD SOUTH HOBE SOUND, FL 33455 US		<div style="font-size: 2em; font-weight: bold;">24078431</div> 	
2. Principal Place of Business 502 South Beach Road		3. Mailing Address 502 South Beach Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hobe Sound, FL		City & State Hobe Sound, FL			
Zip 33455	Country USA	Zip 33455	Country USA	4. FEI Number 38-3683361	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRM Peter L. O'Neill 502 South Beach Road Hobe Sound, FL 33455		
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: <i>P L O'Neill</i> Peter L. O'Neill			7/26/04 772-545-4010 Date Daytime Phone #		