

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90050 031 ****55.00

DOCUMENT # L04000013482

1. Entity Name
DURAN GOLF CLUB, LLC



Principal Place of Business
**7032 STADIUM PARKWAY
VIERA, FL 32940**

Mailing Address
**P O BOX 620257
OVIEDO, FL 32762**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1736796

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

**CHAPMAN, TRACY D
1975 W STATE RD 426
OVIEDO, FL 32765**

Name

Street Address (P.O. Box Number is Not Acceptable)

1200 Duda Trail

City **Oviedo**

FL

Zip Code **32765**

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
A DUDA & SONS INC
1975 W STATE RD 426
OVIEDO, FL 32765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1200 Duda Trail
Oviedo, FL 32765** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

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

Date

Daytime Phone #

ATTACHMENT
DUDA®

P.O. BOX 620257 • OVIEDO, FL 32762-0257 • BUSINESS 407-365-2111 • FAX 407-365-2147

April 13, 2006

2003/259

Division of Corporations
PO Box 6198
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed are Annual Reports for the tax year 2006, for the following companies, as well as checks for the filing fee for each company:

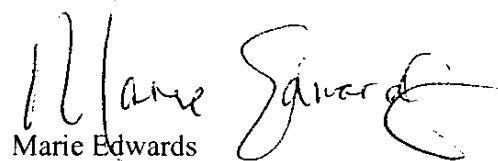
Duran Golf Club, LLC
HS-Miami FL, LLC

Doc#: L04000013482

Doc#: M04000000405

Very truly yours,

A. DUDA & SONS, INC.



Marie Edwards
Tax Accountant

Enclosures