

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028861

FILED
Apr 27, 2006
Secretary of State

Entity Name: DURBIN CREEK NATIONAL, LLC

Current Principal Place of Business:

9540 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 23637
JACKSONVILLE, FL 322413627

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORMACK, JAMES E
9540 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILSON, KENNETH P
Address: 9540 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR () Delete
Name: LUKE, JOSEPH C
Address: 9540 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR () Delete
Name: LUEDERS, JACK C JR
Address: 9540 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR () Delete
Name: FOSTER, DAVID M
Address: 9540 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: P () Delete
Name: WILSON, KENNETH P
Address: 9540 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: S () Delete
Name: MCCORMACK, JAMES E
Address: 9540 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

Title: M (X) Change () Addition
Name: WILSON, KENNETH P
Address: 9540 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: M (X) Change () Addition
Name: LUKE, JOSEPH C
Address: 9540 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: M (X) Change () Addition
Name: LUEDERS, JACK C JR
Address: 9540 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: M (X) Change () Addition
Name: FOSTER, DAVID M
Address: 9540 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES E MCCORMACK

S

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date