2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-17-2006 90038 037 ****50.00

1. Entity f	UMENT # L0500002 Name DUR EXPORTS LLC	6229			04-17-2006	5 900 38 03	37 ****50.00
Principal F	Place of Business	Mailing Address	Mailing Address				
8611 SPYGLASS LOOP CLERMONT, FL 34711		8611 SPYGLASS LOOP CLERMONT, FL 34711					
2. Principal Place of Business		3. Mailing Address) II Ba il a II II a III	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		031320	06 Chg-LLC	CR2E08	33 (11/05)
City & State		City & State		4. FEI Nu 34	umber -2040658	3	Applied For Not Applicable
Zip	Country	Zip	Country		cate of Status Desired	{	5.00 Additional ee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BARBOUR, CAROL				Name			
8611 SI	PYGLASS LOOP		Street Address (le)	
CLERMONT, FL 34711							
				FL Zip Code			
	ove named entity submits this statement ligations of registered agent.	for the purpose of changing its re	egistered office o	registered agent, o	r both, in the State of Fl	orida. I am fa	amiliar with, and accept
SIGNATU	RE Signature, typed or printed name of registered age	ent and title if applicable (NOTE:	Registered Agent signal	ure required when reinstating	3)	DATE	
Filing Fee is \$50.00 Due by May 1, 2006					I	ke check pa la Departme	-
9.	MANAGING MEM	BERS/MANAGERS	10.		ADDITIONS	/CHANGES	
TITLE	MGRM	☐ Delete	THILE	<u>-</u>			☐ Change ☐ Addition

BARBOUR, CAROL NAME NAME STREET ADDRESS 8611 SPYGLASS LOOP STREET ADDRESS CLERMONT, FL 34711 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME BARBOUR, HASKELL E JR. NAME 8611 SPYGLASS LOOP STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP CLERMONT, FL 34711 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADORESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP

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.

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