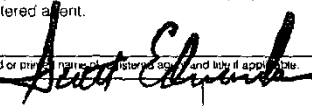
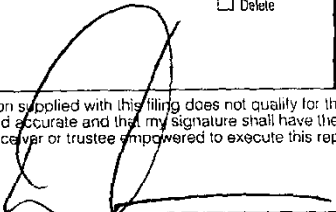


FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90325 018 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000034745			
1. Entity Name DURA-STRESS UNDERGROUND TRANSPORT, LLC			
Principal Place of Business 11043 COUNTY RD 44E LEESBURG, FL 34788		Mailing Address P O BOX 120219 MELBOURNE, FL 32912	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02052008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 55-0894128		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FULLER, KENT G 30320 SPRINGWATER CIRCLE LEESBURG, FL 34748		7. Name and Address of New Registered Agent Name Scott Edwards Street Address (P.O. Box Number is Not Acceptable) 4511 LaSalle Ave S. City St. Cloud FL Zip Code 34772	
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  SCOTT EDWARDS / MGRM 4/18/08 (NOTE: Registered Agent signature required when replacing agent)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
MGRM FULLER, KENT G 30320 SPRINGWATER CIRCLE LEESBURG, FL 34748			
MGRM SMITH, DAVID 30320 SPRINGWATER CIRCLE LEESBURG, FL 34748			
		MGRM Robert Youtzy 13555 113 ST Fellsmere, FL 32948	
		MGRM SCOTT EDWARD 4511 LaSalle Ave S. ST. Cloud, FL 34772	
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: 		Date 4/18/08 321-543-7499	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	