
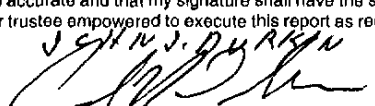


## 2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or  
After October 8, 1997. If Dissolved, Minimum Amount  
Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  97 OCT -6 AM 9:43	
<b>FILING FEE</b> \$ 588.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000001319		1a. Principal Place of Business Address	
DURAND, L.C. 5510 S.W. 4TH PLACE CAPE CORAL FL 33914				5510 S.W. 4TH PLACE CAPE CORAL FL 33914	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/10/1996	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0720033	
Country		Country		5. Date of Last Report	
				NEW 1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
DURKIN, JOHN J 5510 S.W. 4TH PLACE CAPE CORAL FL 33914		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc.			
		City			
		Zip Code			
		FL			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	DURKIN, JOHN J	5510 S.W. 4TH PLACE		CAPE CORAL FL	
D	DURKIN, JOHN F	4924 S.W. 8TH COURT		CAPE CORAL FL	
D	ANDERSEN, HAROLD	23 PLUM ROSE COURT		SCHAUMBURG IL	
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:  9.30 97 941.995 6042					