

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002556

FILED
Mar 14, 2004
Secretary of State

Entity Name: DURA PROPERTIES, L.L.C.

Current Principal Place of Business:

1510 WHITE TAIL DRIVE
BETTONDORF, IA 52722

New Principal Place of Business:

2618 EAST LOMBARD STREET
DAVENPORT, IA 52803

Current Mailing Address:

1510 WHITE TAIL DRIVE
BETTONDORF, IA 52722

New Mailing Address:

2618 EAST LOMBARD STREET
DAVENPORT, IA 52803

FEI Number: 04-3680296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN HOUTEN, MICHAEL
114 SOUTH PALMETTO AVENUE
DAYTONA BEACH, FL 32114 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/MEMBERS:

Title: MGRM () Delete
Name: DURA, JULIE
Address: 1510 WHITE TAIL DRIVE
City-St-Zip: BETTENDORF, IA 52722

Title: MGRM () Delete
Name: DURA, WILLIAM M
Address: 1510 WHITE TAIL DR
City-St-Zip: BETTENDORF, IA 52722

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DURA, JULIE J
Address: 2618 E. LOMBARD ST.
City-St-Zip: DAVENPORT, IA 52803

Title: MGRM (X) Change () Addition
Name: DURA, WILLIAM M
Address: 2618 E. LOMBARD ST.
City-St-Zip: DAVENPORT, IA 52803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM M. DURA

MGRM

03/14/2004

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