

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90129 024 \*\*\*\*55.00

**DOCUMENT # M02000002556**

1. Entity Name  
**DURA PROPERTIES, L.L.C.**



Principal Place of Business

**1510 WHITE TAIL DRIVE  
BETTENDORF IA 52722**

Mailing Address

**1510 WHITE TAIL DRIVE  
BETTENDORF IA 52722**

2. Principal Place of Business

*1510 White Tail Drive*

Suite, Apt. #, etc.

3. Mailing Address

*1510 White Tail Drive*

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

*Bettendorf, IA*

Zip

*52722*

Country

*Scott*

City & State

*Bettendorf, IA*

Zip

*52722*

Country

*Scott*

4. FEI Number

**04-3680296**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN HOUTEN, MICHAEL  
114 SOUTH PALMETTO AVENUE  
DAYTONA BEACH FL 32114**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
DURA, JULIE  
1510 WHITE TAIL DRIVE  
BETTENDORF IA 52722**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
DURA, William M.  
1510 White Tail Drive  
Bettendorf, IA 52722**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I 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 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:

*William M. Dura*  
**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

*4-14-03 (563) 441-0800*

CR2E083 (10/02)