

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092678

FILED
Apr 06, 2006
Secretary of State

Entity Name: 519 DUVAL, LLC

Current Principal Place of Business:

525-1 EAST DUVAL STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

P.O. BOX #17696
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 20-3588742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, COLBY
525-1 EAST DUVAL STREET
JACKSONVILLE, FL 32202 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/MANAGERS:

Title: MGRM () Delete
Name: WARD, JOSEPH
Address: P.O. BOX #17696
City-St-Zip: JACKSONVILLE, FL 32245

Title: MGRM () Delete
Name: WARD, COLBY
Address: P.O. BOX #17696
City-St-Zip: JACKSONVILLE, FL 32245

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WARD, COLBY
Address: P.O. BOX #17696
City-St-Zip: JACKSONVILLE, FL 32245

Title: MGRM (X) Change () Addition
Name: WARD, JOSEPH
Address: P.O. BOX #17696
City-St-Zip: JACKSONVILLE, FL 32245

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: COLBY WARD

MGRM

04/06/2006

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