

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Mar 15, 2007
Secretary of State**

DOCUMENT# L05000092678

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, COLBY
Address: P.O. BOX #17696
City-St-Zip: JACKSONVILLE, FL 32245

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

03/15/2007

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