2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2009
Secretary of State

DOCUMENT# L05000119447

Entity Name: 519 DUVAL, LLC

Current Principal Place of Business:

517 DUVAL STREET, 2ND FLOOR
KEY WEST, FL 33040

New Principal Place of Business:

809 FLEMING ST., REAR COTTAGE
KEY WEST, FL 33040

Current Mailing Address:

517 DUVAL STREET, 2ND FLOOR
KEY WEST, FL 33040

New Mailing Address:

809 FLEMING ST., REAR COTTAGE
KEY WEST, FL 33040

FEI Number: 20-3946127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PHILLIPS, MARK
809 FLEMING STREET, REAR COTTAGE
KEY WEST, FL 33040 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: MGR ( ) Delete
Name: PHILLIPS, MARK
Address: 517 DUVAL STREET, 2ND FLOOR
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PHILLIPS, MARK
Address: 809 FLEMING ST., REAR COTTAGE
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify 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: M PHILLIPS MGR 08/24/2009

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