2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

FILED Jan 17, 2007 08:00 AM Secretary of State

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1. Entity Name

JULIA G. DUKE AND CHARLES D. DUKE, LLC



Principal Place of Business

Mailing Address

1021 GRACE AVE.

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PANAMA CITY, FL 32401-2420

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01122007 No Chg-LLC

CR2E083 (11/05)

4. FEi Number 04-3694727 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUKE, JULIA G ESQ 1021 GRACE AVENUE PANAMA CITY, FL 32401

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the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
, Fi	lling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUKE, JULIA G 1021 GRACE AVENUE PANAMA CITY, FL 324012420		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000587864 01/17/07-80049-024 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS	<u>.</u>		

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

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

Juna G. Duke

1-12-07

830-913-8866

Data

Daytima Phone #