


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000016356
1. Entity Name
DUVAL-AVIATION, LLC



Principal Place of Business
445 STATE ROAD 13 NORTH, STE. 6B
JACKSONVILLE, FL 32259

Mailing Address
445 STATE ROAD 13 NORTH, STE. 6B
JACKSONVILLE, FL 32259

DO NOT WRITE IN THIS SPACE



01232005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0673077

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRATT, DENNIS L ESQ
10450 SAN JOSE BLVD., STE. 3
JACKSONVILLE, FL

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALTER WILLIAMS REALTY, INC. 10450 SAN JOSE BLVD. JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLLINS, J.D. 3840 CROWN POINT ROAD, STE. A JACKSONVILLE, FL 32257
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03/04/05-80054-024 50.00

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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: Walter Williams 1/24/05 904 334-2310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #