


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000017926
 1. Entity Name
 206 DUVAL, L.L.C.



Principal Place of Business Mailing Address
 24 HILTON HAVEN DRIVE 24 HILTON HAVEN DRIVE
 KEY WEST, FL 33040 KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE



04282006No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
 32-0022984 Not Applicable

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

6. Name and Address of Current Registered Agent
 GUTTENMACHER, EDWARD P ESQ.
 2600 DOUGLAS ROAD, PENTHOUSE 8
 CORAL GABLES, FL 33134

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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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROSSI, MARK
STREET ADDRESS	P.O. BOX 1527
CITY-ST-ZIP	KEY WEST, FL 33041
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000534219
 05/08/06-80002-025 50.00

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11. I hereby certify that the information supplied with this filing 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: _____ DATE: 4/27/06 3052965513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #