2007 LIMITED LIABILITY COMPANY

May 02, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L02000024693** 05-02-2007 90349 031 ****50 00 DUVAL PILOT, LLC Mailing Address Principal Place of Business 12849-1 PHILLIPS HIGHWAY 12849-1 PHILLIPS HIGHWAY IACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272007 CR2E083 (12/06) Applied For City & State City & State 4 FFI Number 22-3886722 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOUSTON, CLARENCE H JR Street Address (P.O. Box Number is Not Acceptable) 1050 RIVERSIDE AVE JACKSONVILLE, FL 32204 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) and the same Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE ☐ Delete TITLE ☐ Change Addition Addition KAYE, LAWRENCE B NAME NAME 12849-1 PHILLIPS HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP MGR Delete TITLE ☐ Change ☐ Addition TITLE GULLIFORD, WILLIAM I JR. NAME NAME STREET ADDRESS 12849-1 PHILLIPS HIGHWAY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY - ST - ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED