2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000031997

1. Entity Name
EASTON DUVAL, L.L.C.

Principal Place of Business	Mailing Address
300 EAST STATE STREET JACKSONVILLE, FL 32202	300 EAST STATE STREET JACKSONVILLE, FL 32202

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02102005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
74-3072166	Not Applicable

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

6. Name and Address of Current Registered Agent

DUSS, JOHN S IV, ESQ
C/O FORD, JETER, BOWLUS, DUSS, MORGAN, KEN
10110 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257

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

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	EASTON, SAMUEL M JR.
STREET ADDRESS	300 EAST STATE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
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02/17/05-80029-003 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: _____   11 Feb 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #