


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000031997 1. Entity Name EASTON DUVAL, L.L.C.	
--------------------------------------------------------------------------	-----------------------------------------------------------------------------------

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

DO NOT WRITE IN THIS SPACE



01122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 74-3072166	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EASTON, SAMUEL M JR. 300 EAST STATE STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000620074
02/09/07-80022-011 50.00

**DO NOT WRITE
IN THIS SPACE**

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: 	19 Jan 07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>