## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **FILED** Feb 14, 2007 08:00 AM DOCUMENT # L03000030846 Secretary of State 1. Enlity Name DUONG COMPANY, L.L.C. Mailing Address Principal Place of Business 10055 ATLANTIC BLVD JACKSONVILLE FL 32225 10055 ATLANTIC BLVD JACKSONVILLE FL 32225 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E083 (10/06) 1st MOORE Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country 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 Namo DUONG, THANH V Street Address (P.O. Box Number is Not Acceptable) 10055 ATLANTIC BLVD. JACKSONVILLE FL 32225 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, Typed or numed name of registered agent and Life it applicable (NOTE: Registered Agent significate required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 11111 ☐ Change ☐ Addition BHE Defete MGR NAME NAMI DUONG, THANH V 000000635401 02/<u>23/07-80013-002</u> 50.00 STREET ADDRESS STREET ADDRESS 10055 ATLANTIC BLVD CITY - S1 - 71P CITY-ST-7IP JACKSONVILLE FL 32225 Addition Change HILL Defete NAMU STREET ADDRESS STREET ADDRESS CULY - S1 - 7IP CITY-S1-7IP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P Delete Change Addition THE THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP ☐ Change Delete Addition STREET ADDRESS STREET ADDRESS City-SI-ZiP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.

Ducana Partner (Thanh V. Duong)

EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-12-07

Daytime Phone #