


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90374 039 ****50.00

DOCUMENT # L03000031925	
1. Entity Name DUVALL PLACE, LLC	

Principal Place of Business 1300 N.W. 17TH AVENUE, SUITE 255 DELRAY BEACH, FL 33445	Mailing Address 1300 N.W. 17TH AVENUE, SUITE 255 DELRAY BEACH, FL 33445
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60038962



2. Principal Place of Business - No P.O. Box # 301 E. OCEAN AVE	3. Mailing Address Same
Suite, Apt. #, etc. # 1	Suite, Apt. #, etc. Same
City & State LANTANA FL	City & State Same
Zip 33462	Country US

04172007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent GRAVETT, STEPHEN E 1300 N.W. 17TH AVENUE, SUITE 255 DELRAY BEACH, FL 33445	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 301 EAST OCEAN AVE # 1 City LANTANA FL Zip Code 33462
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVETT, STEPHEN E 1300 N.W. 17TH AVENUE, SUITE 255 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	301 E. OCEAN AVE, STE 1 LANTANA FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RANKIN, RICHARD M 1300 NW 17TH AVE. S-255 DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG INVESMIENTE COMPANY 4001 S. DECATUR BLVD. #37-314 LAS VEGAS, NV 89103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/07

Date

Daytime Phone #