

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000006656**

**1. Entity Name**  
**DUFF & DUFF INVESTMENTS, LLC**



**Principal Place of Business**  
**6202 SW 86TH WAY**  
**GAINESVILLE, FL 32608**

**Mailing Address**  
**6202 SW 86TH WAY**  
**GAINESVILLE, FL 32608**



03092006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**61-1465767**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**DUFF, JARED**  
**6202 SW 86TH WAY**  
**GAINESVILLE, FL 32608**

**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** \_\_\_\_\_ 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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**DUFF, JARED**  
**6202 SW 86TH WAY**  
**GAINESVILLE, FL 32608**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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04/11/06-80077-023 50.00

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**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:** Jared Duff **JARED DUFF, Managing Partner** **3/22/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #