

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000027050

Entity Name: DUVAL HOLDINGS LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

5130 LINTON BLVD
SUITE C-2
DELRAY BEACH, FL 33484

New Principal Place of Business:

13590 JOG ROAD
SUITE 4
DELRAY BEACH, FL 33446

Current Mailing Address:

5130 LINTON BLVD
SUITE C-2
DELRAY BEACH, FL 33484

New Mailing Address:

13590 JOG ROAD
SUITE 4
DELRAY BEACH, FL 33446

FEI Number: 56-2457720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, HARVEY ESQ.
1900 NW CORPORATE BLVD
SUITE 301 WEST
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BLOOM, DAVID
Address: 5130 LINTON BLVD, SUITE C-2
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGRM () Delete
Name: GOMER, ALAN
Address: 5130 LINTON BLVD, SUITE C-2
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLOOM, DAVID
Address: 13590 JOG ROAD SUITE 4
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM (X) Change () Addition
Name: GOMER, ALAN
Address: 13590 JOG ROAD SUITE 4
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID BLOOM

MP

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date