



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000084992</b> 1. Entity Name <b>DUVAL INVESTMENTS I, LLC</b>						<b>FILED</b> <b>06 MAY -5 PM 3:53</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>221 N. HOGAN STREET, SUITE 111</b> <b>JACKSONVILLE, FL 32202</b>				Mailing Address <b>221 N. HOGAN STREET, SUITE 111</b> <b>JACKSONVILLE, FL 32202</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 <b>04202006 Chg-LLC CR2E083 (11/05)</b>			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BRIAN K. MCMAHON, P.A.</b> <b>7301-A W. PALMETTO PARK ROAD, SUITE 305-C</b> <b>BOCA RATON, FL 33433</b>				7. Name and Address of New Registered Agent Name <b>Glenn Mee</b> Street Address (P.O. Box Number is Not Acceptable) <b>2125 Blue Heron Cove Dr.</b> City <b>Orange Park</b> <b>FL</b> Zip Code <b>32003</b>			
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 <u><i>Glenn Mee</i></u> <b>Glenn Mee</b> <span style="float: right;"><b>4-21-06</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>							
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>FRIEDMAN, ABRAHAM</b> <b>221 E. HOGAN STREET, SUITE 111</b> <b>JACKSONVILLE, FL 32202</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> <b>000076203130</b>  <b>06/14/06--01036--007 ***550.00</b> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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: <u><i>Abraham Friedman</i></u> <b>Abraham Friedman</b> <span style="float: right;"><b>4-21-06</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							