

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010384

FILED
Jan 19, 2009
Secretary of State

Entity Name: DUVAL ISLAND PROPERTIES, LLC

Current Principal Place of Business:

9340 FERRIS COURT
FLORAL CITY, FL 34436 US

New Principal Place of Business:

Current Mailing Address:

9340 FERRIS COURT
FLORAL CITY, FL 34436 US

New Mailing Address:

FEI Number: 20-3839688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RON A. RHOADES, P.A.
2450 N. CITRUS HILLS BLVD.
HERNANDO, FL 34442 US

Name and Address of New Registered Agent:

PAUTLER, PAMELA J
3340 FOXRIDGE CIRCLE
TAMPA, FL 33618 US

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: PAMELA J. PAUTLER

01/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAUTLER, PAMELA J
Address: 9340 FERRIS COURT
City-St-Zip: FLORAL CITY, FL 34436 US

Title: MGRM () Delete
Name: PAUTLER, LINDA M
Address: 9340 FERRIS COURT
City-St-Zip: FLORAL CITY, FL 34436 US

Title: MGRM () Delete
Name: LIGOCKI, FRANK
Address: 9340 FERRIS COURT
City-St-Zip: FLORAL CITY, FL 34436 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LINDA M. PAUTLER

MGRM

01/19/2009

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