

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000029830		
1. Entity Name DUKE SCHOOL PROPERTIES LLC		

Principal Place of Business 1550 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146		Mailing Address 1550 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146	
2. Principal Place of Business - No P.O. Box # <i>6361 Sunset Dr</i> Suite, Apt. #, etc.		3. Mailing Address <i>6361 Sunset Dr</i> Suite, Apt. #, etc.	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33143</i>	Country	Zip <i>33143</i>	Country
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC 1500 SAN REMO AVE STE. 125 CORAL GABLES, FL 33146			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

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 <i>Rosanne Wright</i>	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WRIGHT, ROSANNE 1550 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR Wright, Rosanne 8401 SW 19 ST North Lauderdale, FL 33068</i>
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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: <i>Rosanne Wright</i>	3/23/08	305-805-7169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #