

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097038

Entity Name: 5008 DUPLEX, LLC

FILED
Mar 01, 2007
Secretary of State

Current Principal Place of Business:

46 N. WASHINGTON BLVD., SUITE 9
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

46 N. WASHINGTON BLVD., SUITE 9
SARASOTA, FL 34236

New Mailing Address:

P.O. BOX 48587
SARASOTA, FL 34230

FEI Number: 41-2186629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN NESS, W. SCOTT ESQ
THE LAW OFFICES OF VAN NESS & VAN NESS, PA
46 N. WASHINGTON BLVD., SUITE 9
SARASOTA, FL 34236 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/MANAGERS:

Title: MGRM () Delete
Name: VAN NESS, W. SCOTT
Address: 46 N. WASHINGTON BLVD., SUITE 9
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Delete
Name: VAN NESS, VARINIA
Address: 46 N. WASHINGTON BLVD., SUITE 9
City-St-Zip: SARASOTA, FL 34230

ADDITIONS/CHANGES:

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 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: W. SCOTT VAN NESS

MGRM

03/01/2007

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