

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

DOCUMENT # L06000014057

1. Entity Name
DUCK AVENUE INVESTORS, LLC



Principal Place of Business
420 11TH STREET
KEY COLONY BEACH, FL 33051

Mailing Address
PO BOX 510787
KEY COLONY BEACH, FL 33051

DUCK AVENUE



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05042007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-4287765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES-PAPSIDERO, CONNIE L
PO BOX 510787
KEY COLONY BEACH, FL 33051

Name CONNIE L. HUGHES-PAPSIDERO

Street Address (P.O. Box Number is Not Acceptable)

420 11TH ST

City

Key Colony Bch

FL

Zip Code

33051

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

Connie L. Hughes-Papsidero

CONNIE L. HUGHES-PAPSIDERO 5/1/07

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE MGRM ☐ Change ☒ Addition
NAME CONNIE L. HUGHES-PAPSIDERO
STREET ADDRESS 420 11TH ST
CITY-ST-ZIP Key Colony Bch, FL 33051

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE MGRM ☐ Change ☒ Addition
NAME JOHN A. HUGHES-PAPSIDERO
STREET ADDRESS 420 11TH ST
CITY-ST-ZIP Key Colony Bch, FL 33051

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Connie L. Hughes-Papsidero

5/1/07 305 7430822