2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/29/2007-90140-012-$55.00-$55.00

FILED
07 MAR 14 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000027394

1. Entity Name
1201 DUVAL, LLC

Principal Place of Business	Mailing Address
1207 DUVAL STREET KEY WEST, FL 33040	1207 DUVAL STREET KEY WEST, FL 33040

01232007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	33830 Riviera Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Fraser, MI
Zip / Country	Zip: 48026 Country: USA

4. FEI Number: 20-4496865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGNER, PETER F
1207 DUVAL STREET
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name: Patrick T. Greene
Street Address (P.O. Box Number is Not Acceptable): 538 Estero Blvd Unit 101
City: Ft. Myers Beach FL Zip Code: 33931

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: [signature] 01/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WAGNER, PETER F 1207 DUVAL STREET KEY WEST, FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Patrick Greene ~~33830 Riviera Drive~~ 538 Estero Blvd Unit 101 ~~Fraser, MI 48026~~ Ft. Myers Beach, FL 33931	☒ Change ☐ Addition
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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: [signature] 01/26/07 586-296-3970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #