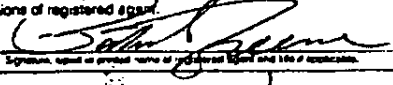
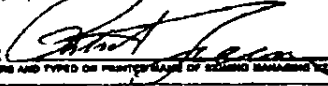


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L06000027394				FILED 07 MAR 14 PM 2:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name 1201 DUVAL, LLC					
Principal Place of Business 1207 DUVAL STREET KEY WEST, FL 33040		Mailing Address 1207 DUVAL STREET KEY WEST, FL 33040			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 33830 Riviera Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232007 Chg-LLC CR2E083 (12/06)	
City & State		City & State Fraser, MI		4. FEI Number 20-4496865	
Zip		Zip 48026		Country USA	
Country		Country		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 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 the obligations of registered agent.					
SIGNATURE  DATE 01/26/07					
Filing Fee is \$60.00 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-STATE-ZIP	MGRM WAGNER, PETER F 1207 DUVAL STREET KEY WEST, FL 33040	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM Patrick Greene 33830 Riviera Drive Fraser, MI 48026	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	538 Estero Blvd Unit 101 Ft. Myers Beach, FL 33931	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 606, Florida Statutes.					
SIGNATURE:  DATE 01/26/07 586-296-3970					