

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000109487**

1. Entity Name  
**DUVAL DEVELOPMENT, LLC**



Principal Place of Business  
**5164-B NORWOOD AVENUE  
JACKSONVILLE, FL 32208**

Mailing Address  
**P.O. BOX 40544  
JACKSONVILLE, FL 32203**



05012008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5836780**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ENTERPRISE FIRST COAST CONSULTANTS INC.  
5164-B NORWOOD AVENUE  
JACKSONVILLE, FL 32208**

**DO NOT WRITE  
IN THIS SPACE**

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, 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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MARTIN, ANDRE L SR.
STREET ADDRESS	5164-B NORWOOD AVENUE
CITY- ST- ZIP	JACKSONVILLE, FL 32208
TITLE	MGRM
NAME	BRUTON, BERTRAM A
STREET ADDRESS	5164-B NORWOOD AVENUE
CITY- ST- ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000936810  
05/27/08-80024-025 138.75

**DO NOT WRITE  
IN THIS SPACE**

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: Andre L. Martin, Sr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/1/08 (904) 764-4499  
Date Daytime Phone #