

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000109487

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** DUVAL DEVELOPMENT, LLC

**Current Principal Place of Business:**

1909 SHADOW RIDGE TRAIL  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 40544  
JACKSONVILLE, FL 32203

**New Mailing Address:**

**FEI Number:** 20-5836780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ENTERPRISE FIRST COAST CONSULTANTS INC.  
1909 SHADOW RIDGE TRAIL  
JACKSONVILLE, FL 32225 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:** MGR  
**Name:** MARTIN, ANDRE L SR.  
**Address:** 1909 SHADOW RIDGE TRAIL  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** MGRM  
**Name:** BRUTON, BERTRAM A  
**Address:** 2001 YORK STREET  
**City-St-Zip:** DENVER, CO 90205

I hereby 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:** ANDRE' L. MARTIN, SR.

MGR

05/01/2012

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