

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052594

Entity Name: DUKE ON THE SEA, LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

437 EAST MONROE STREET, SUITE 100
JACKSONVILLE, FL 32202

New Principal Place of Business:

437 EAST MONROE STREET
SUITE 100
JACKSONVILLE, FL 32202

Current Mailing Address:

437 EAST MONROE STREET, SUITE 100
JACKSONVILLE, FL 32202

New Mailing Address:

437 EAST MONROE STREET
SUITE 100
JACKSONVILLE, FL 32202

FEI Number: 26-2720786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOON, DAVID M
437 EAST MONROE STREET, SUITE 100
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

BOON, DAVID M
437 EAST MONROE STREET
SUITE 100
JACKSONVILLE, FL 32202 US

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: DAVID M. BOON

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIS, LINDA S
Address: 437 EAST MONROE STREET, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGRM () Delete
Name: BOON, DAVID M
Address: 437 EAST MONROE STREET, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID M. BOON

MGRM

03/23/2009

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