

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000105392

FILED
Jan 24, 2012
Secretary of State

Entity Name: DUVAL FORD, LLC

Current Principal Place of Business:

1616 CASSAT AVENUE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

701 RIVERSIDE PARK PLACE
SUITE 200
JACKSONVILLE, FL 32204

New Mailing Address:

701 RIVERSIDE PARK PLACE
SUITE 310
JACKSONVILLE, FL 32204

FEI Number: 27-3646082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACKMAN, JOANNE A
701 RIVERSIDE PARK PLACE
SUITE 200
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

ACKMAN, JOANNE A
701 RIVERSIDE PARK PLACE
SUITE 310
JACKSONVILLE, FL 32204 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: JOANNE A ACKMAN

01/24/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PCOO
Name: HODGES, DANIEL W
Address: 1616 CASSAT AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP
Name: GRAHAM, ALEXANDER M
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP
Name: GRAHAM, HAMPTON H
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP
Name: HODGES, DAVID C JR
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPST
Name: CURRY, JEFFREY S
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204

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: JEFFERY S CURRY

VPST

01/24/2012

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