LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 199000008733

1. Entity Name

ROBERT B. DUKE INVESTMENTS, LLC

FILED Jul 10, 2002 8:00 am Secretary of State 07-10-2002 90198 009 ****50.00

DO NOT WRITE IN THIS SPACE				969985	
2. Principal Place of Business 5707 PINE AVE		3. Mailing Address 5707 PINE AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State ORANGE PARK, FL		ORANGE PARK, FE		4. FEI Number Applied For Not Applied For Not Applicable	
Zip 32073	Country	Zip 32073	Country	5. Certificate of Status Desired	\$5.00
			7. Name and Address of Current Registered Agent Name WILLIAM, GRADY H. JR		
DO NOT WRITE IN THIS SPACE			Street Address 6.0 RINGSLEY AVE STE 117		
* ************************************				NGC_PAKK	FL Zip Code 32073
SIGNATURE	amed entity submits this statement for graduation and an armonic statement for graduate, typed or printed name of registered agent an		its registered office or registe	ered agent, or both, in the State of Florida.	ATE
	parties of parties and the egistates again an		FEE IS \$50.00 Payable to Department of DUE BY MAY 1		AIC
9.	MANAGING MEMBER	S/MANAGERS			
TITLE NAME STREET ADDRESS	MGR DUKE, ROBERT B 5707 PINE AVE		TITLE . NAME STREET ADDRESS	· •	
CITY-ST-ZIP	ORANGE PARK, FL	32073	CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	8
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS	774 St.L.		TITLE NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	IN ANDITE	
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS		
TITLE NAME STREET ADDRESSE CITY-ST-ZIP	· ·		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	ify that the information supplied with th	is filing does not qualify	and the second second	ection 119.07(3)(i), Florida Statutes. I furthe	r 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Dale

Daytime Phone #