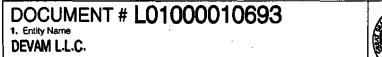
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)





FILED Jan 30, 2003 8:00 am Secretary of State 01-09-2003 90201 026 *****5.00

1. Entity Nam DEVAM L						01-30-20	003 9004	3 008 **	***50.00	
Principal Place of Business 1509 EAST HILLSBOROUGH AVE. TAMPA FL 33610		Mailing Address 1509 EAST HILLSBOROUG TAMPA FL 33610	1509 EAST HILLSBOROUGH AVE.		1 1901	arı dir garar kidir geril galir	. PSN: 4 FIG: 118	# 41 #4 ANIA		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE	IF MAKING	CHANGES	;	
City & State		City & State	City & State		4. FEI Number 59-3728639				Applied For Not Applicable	
Zip Country		Zip	Country		Fee			ee Requin		
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent						1
PAT	EL AMIT		Nam	ne 						ľ
1509	9 EAST HILLSBOROUGH AVE. IPA FL 33610		Stree	et Address (I	P.O. Box Num	ber is Not Acceptable)]
										
<u>.</u>			City		FL ^z				ip Code	
SIGNATURE .	ions of registered agent. Signature, typed or printed name of registered agen	- T	TE: Registered Agent si OW!!! FEE IS	\$50.00			DATE			} -
		1	ie By May 1, 2	•	,	į				
9.	MANAGING MEME	ERS/MANAGERS	10.		<u>:</u>	ADDITIONS/	CHANGES			1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, AMIT 1509 EAST HILLSBOROUGH A TAMPA FL 33810	□ Delete VE .	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS				☐ Change	☐ Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	55				Change	Addition	SR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Deleta	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss	The Property of the Parket		- (☐ Change	☐ Addition	;
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss			l	Change	Addition	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deleta	TITLE NAME STREET ADDRES CITY-ST-ZIP	35			,	Change	☐ Addition	
NAME STREET ADORESS CITY-ST-ZIP	ertify that the information supplied with	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		tion 119 07/2	ili) Florida Statutes II		Change	Addition	

imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.