

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90079 042 ****50.00

DOCUMENT # L00000009881

1. Entity Name
DEVCO IV, L.L.C.



Principal Place of Business
15436 NORTH FLORIDA AVENUE, SUITE 200
TAMPA, FL 33613

Mailing Address
PO BOX 270603
TAMPA, FL 33688



509 GUI SANDO DE AVILA
TAMPA, FL 33613

509 GUI SANDO DE AVILA
TAMPA, FL 33613

01202004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3653091

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCK, DONALD A
15436 NORTH FLORIDA AVENUE, SUITE 200
TAMPA, FL 33613

509 GUI SANDO DE AVILA
TAMPA, FL 33613

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BUCK, DONALD A
STREET ADDRESS 15436 NORTH FLORIDA AVENUE, SUITE 200
CITY-ST-ZIP TAMPA, FL 33613

TITLE VP ☐ Delete
NAME THOMAS H. GRAY
STREET ADDRESS 509 GUI SANDO DE AVILA
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☒ Change ☐ Addition

509 GUI SANDO DE AVILA
TAMPA, FL 33613

☐ Change ☒ Addition

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/20/04 813-963-5856