2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 21, 2006 08:00 AM Secretary of State

813-963-5856

ANNUAL REPURI				Secretary of State	
DOCUM 1. Entity Name DEVCO IV,	1ENT # L000000098 , L.L.C.	881		Scercial	y of State
Principal Place	of Business	Mailing Address			
509 GUISANDO TAMPA, FL 33		509 GUISANDO DE AVILA TAMPA, FL 33613			
DO NOT WRITE IN THIS SPACE				02072008 No Chg-LLC CR	2E083 (11/05)
יט	UNOI WHILE	IN THIS SPA		4. FEI Number 59-3653091	Applied For Not Applicable
	C. C. M. C. C. Marrier C. C. C. C. Marrier C. C. C. C. Marrier C. C. C. C. Marrier C. C. C. C. Marrier C. C. C. C. C. Marrier C.			5. Certificate of Status Desired	\$5.00 Additional Fee Required
	8. Name and Address of Current R	egistered Agent		THE STREET	
BUCK, DONALD A 509 GUISANDO DE AVILA TAMPA, FL 33613			a in the second	DO NOT WRIT	E
				IN THIS SPAC	E
				A SAME OF STREET, STRE	
the obligation	amed entity submits this statement for the of registered agent.	he purpose of changing its register	ed affice or register	ed agent, or both, in the State of Florida. It	tm familiar with, and accept
SIGNATURE	ignature, typed or printed name of registerial agent are	Titte if expilicable. [NOTE, Registers	d Agent signature required	(when reinstaking) DAT	<u> </u>
Fill Due	ing Fee is \$50.00 a by May 1, 2005				
8.	MANAGING MEMBER	S/MANAGERS	1112		
	MGR			a - Articles in the second of	· <u>-</u>
	BUCK, DONALD A				
CITY-ST-ZIP	509 GUISANDO DE AVILA TAMPA, FL 33613	·		and the substitute of the subs	
=	VP GRAY, THOMAS H			· · · · · · · · · · · · · · · · · · ·	
. ,	509 GUISANDO DE AVILA			3354400 0000 0044565	<u> </u>
CITY-ST-ZIP	TAMPA, FL 33613		reas we definite	03/04/06 8003	2 002 50,00
TITLE					**************************************
STREET ADDRESS			777		
CITY-ST-ZIP				DO NOT WRIT	I E
TITLE				IN THIS SPAC	E
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CITY-ST-ZIP				And the state of t	Sud s Sugar
TITLE		·		- None condition	
NAME				The state of the s	en and a state of the state of
STREET ADDRESS CITY-ST-ZIP			1	man militaria e di seriesia e	
	ortify that the information supplied with	this fund does not qualify for the e	kemptions contains	id in Chanter 119 Florida Stabilias 3 further	certify that the information
indicated of limited liabi	n this report is true and accurate and illly company or the receiver or trustee	that my signature shall have the sa empowered to execute this report	me legal effect as i as required by Cha	d in Chapter 119, Floride Statutes.) further if made under oath; that I am a managing s apter 608, Florida Statutes.	member or manager of the

SIGNATURE: