


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000031845

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



Principal Place of Business 509 GUI SANDO DE AVILA TAMPA, FL 33613	Mailing Address 509 GUI SANDO DE AVILA TAMPA, FL 33613
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DO NOT WRITE IN THIS SPACE



02072006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3763758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCK, DONALD A
 509 GUI SANDO DE AVILA
 TAMPA, FL 33613

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCK, DONALD A 509 GUI SANDO DE AVILA TAMPA, FL 33613
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 03/04/06-80032-001 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *YAMMIL N. GRAY* *2/21/06* - *813-963-5856*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #