

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90687 027 ****50.00

DOCUMENT # L02000031845

1. Entity Name

DEVCO V, L.L.C.



30045824

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

509 GUIVANDO DE AVILA

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

4. FEI Number

59-3763758

Applied For

Not Applicable

Zip

Country

33613

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DONALD A. BUCK

Street Address (P.O. Box Number is Not Acceptable)

509 GUIVANDO DE AVILA

City

TAMPA

FL

Zip Code

33613

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER DONALD A. BUCK 509 GUIVANDO DE AVILA TAMPA FL 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER J. ROBERT SIERRA 509 GUIVANDO DE AVILA TAMPA FL 33613
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CR2E083B (12/02)

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 #