


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000000351**  
 1. Entity Name  
**DEVON SHIELD SHOPPING CENTER LTD. CO.**



Principal Place of Business      Mailing Address  
**348 SUMMERVILLE LANE**      **P.O. BOX 470877**  
**SANFORD FL 32771**      **LAKE MONROE FL 32747**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/05)  
 4. FEI Number      Applied For  
**04-3734913**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**TRACEY, OWEN**  
**348 SUMMERVILLE LANE**  
**SANFORD FL 32771**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **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      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS      10. ADDITIONS/CHANGES

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>P</b> <b>TRACEY, OWEN</b> <b>348 SUMMERVILLE LANE</b> <b>SANFORD FL 32771</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *O. Tracey*      **O. TRACEY**      3-27-06 - 407-328-1186