

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90035 003 ****50.00

DOCUMENT # L03000052882 1. Entity Name DEVON INVESTMENT, LLC					
Principal Place of Business 650 S CHERRY ST. SUITE 920 DENVER, CO 80246 US			Mailing Address 650 S CHERRY ST. SUITE 920 DENVER, CO 80246 US		
2. Principal Place of Business Way 24330 Sandpiper Isle		3. Mailing Address Way 24330 Sandpiper Isle			
Suite, Apt. #, etc. # 401		Suite, Apt. #, etc. # 401			
City & State Donita Springs, FL		City & State Donita Springs, FL			
Zip 34134		Country USA		Zip 34134	
Country USA		Country USA			
6. Name and Address of Current Registered Agent FOSTER, DAVE 2516 SE 34TH PLACE CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Helga E. Hoh Street Address (P.O. Box Number is Not Acceptable) 24330 Sandpiper Isle Way #401 City Donita Springs FL Zip Code 34134		
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 <u>H. Hoh</u> DATE <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAMROCK HOLDINGS GROUP, LLC 650 S CHERRY ST. SUITE 920 DENVER, CO 80246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sunny FL. Investment, Inc. 24330 Sandpiper Isle Way #401 Donita Springs, FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>H. Hoh</u>			4/26/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		
			239-998-4676		
			<small>Daytime Phone #</small>		