
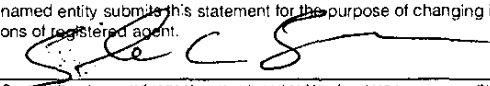
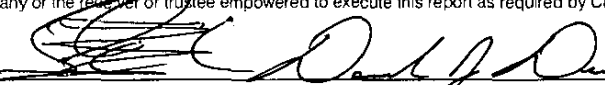


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90111 036 ****55.00

| | | | | | |
|--|---|---|---|--|-------------------------|
| DOCUMENT # L04000006534 1. Entity Name BERRY N. DEVERS, LC | | | |  | |
| Principal Place of Business 2520 SAND MINE RD DAVENPORT, FL 33897 | | | Mailing Address 2520 SAND MINE RD DAVENPORT, FL 33897 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address PO Box 725 Suite, Apt. #, etc. Attn: Kathy McDaniel | | | |
| City & State Zip | | City & State Windermere FL Zip 34786-0725 | | 4. FEI Number 20-0654917 | |
| Country Zip | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FLOYD, THOMAS C 1556 SIXTH STREET S.E. WINTER HAVEN, FL 33880 | | | 7. Name and Address of New Registered Agent Name Floyd, Thomas C Street Address (P.O. Box Number is Not Acceptable) 2520 Sand Mine Road City Davenport FL Zip Code 33897 | | |
| 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  Thomas C. Floyd 4/13/05 <small>Signature, word or printed name of registered agent and title, 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 | MGR BERRY, JACK M JR 2520 SAND MINE RD DAVENPORT, FL 33897 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR DEVERS, DANIEL J 2520 SAND MINE RD DAVENPORT, FL 33897 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR FLOYD, THOMAS C 2520 SAND MINE RD DAVENPORT, FL 33897 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <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:  Daniel J. Devers/MGR 4/13/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | Date Daytime Phone # |

(863)420-6699