2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

03-28-2005 90293 042 ****50.00

03222005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000006655

1. Entity Name
DEVERETT GROUP LLC

Principal Place of Business	Mailing Address
5070 D LAKE CATALINA DRIVE BOCA RATON, FL 33496	5070 D LAKE CATALINA DRIVE BOCA RATON, FL 33496

2. Principal Place of Business	3. Mailing Address
	2385 EXECUTIVE CENTER DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. STE 100
City & State	City & State BOCA RATON FLORIDA
Zip / Country	Zip 33431 / Country U.S.A

4. FEI Number 20-1053321 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEVERETT, HOWARD
5070 D LAKE CATALINA DRIVE
BOCA RATON, FL 33496

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MANAGER HOWARD DEVERETT 5070D LAKE CATALINA DR BOCA RATON FL. 33496 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: H Deverett HOWARD DEVERETT Mar 22/05 561-241-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #