

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90322 001 \*\*\*100.00

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<b>DOCUMENT # L04000020802</b> 1. Entity Name DEVLIN ENTERTAINMENT, LLC			
Principal Place of Business 1548 THE GREENS WAY, STE. 3 JACKSONVILLE BEACH, FL 32250		Mailing Address 1548 THE GREENS WAY, STE. 3 JACKSONVILLE BEACH, FL 32250	
2. Principal Place of Business - No P.O. Box #  1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250		3. Mailing Address  1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250	
4. FEI Number 20-0869844		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  MCCUE, EDWARD R JR 1548 THE GREENS WAY, STE. 3 JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name _____ Street Edward R. McCue, Jr. 1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250 City _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4-19-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee Is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE DEVLIN GROUP, INC. 1548 THE GREENS WAY, SUITE 6 JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The Devlin Group, Inc. 1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250
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
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
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 exemptions contained in Chapter 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/19/07</u> Daytime Phone # <u>904.313.0026</u>	