## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 10, 2006 8:00 am Secretary of State

DOCUMENT # L05000002102  1. Entity Name DEVLIN GROUP PROPERTIES, LLC						03-10-2006 90131 030 ****50.00				
Principal Place of Business 1548 THE GREENS WAY, SUITE 3 JACKSONVILLE BEACH, FL 32250			Mailing Address 1548 THE GREENS WAY, SUITE 3 JACKSONVILLE BEACH, FL 32250		CANTALIN					
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02162006	Chg-LLC	CR2E0	83 (11/05)	
City & State			City & State			4. FEt Number Applied For Not Applicable				<del></del>
Zip	Country		Zíp Coun		y		of Status Desired	u ,	\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
	GREENS '	WAY, SUITE 3			Street Address (I	s (P.O. Box Number is Not Acceptable)				
JACKSONVILLE BEACH, FL 32250									T 7' 0 1	
•			. 1		City	FL   Zip Code			3	
	named entity ons of registe		the purpose of changing its	registered	office or register	ed agent, or bot	h, in the State of Flo	rida. I am f	amiliar with,	and accept
SIGNATURE _	Signature, typed o	or printed name of registered agent a	nd title if applicable. (NOT	E: Registered /	Agent signature required	when reinstating)		DATE		<del></del>
Filing Fee Is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State				
9.		MANAGING MEMBER	I. RS/MANAGERS	10.		l	ADDITIONS/	CHANGES		
<del></del>	MGR						/ IDDITION	0.0.000		
NAME	The De	ulin Grown In		■ TITLE					l Chance	☐ Addition
STREET ADDRESS	Lieura en Cimilia de la Companya del la Companya de			TITLE					☐ Change	Addition
CITY-ST-ZIP Jackson ville Beach, FL 32250 0					ADDRESS				☐ Change	Addition
CITY-ST-ZIP	1548 Ir Tuck si	re Greens W	U Delete au, Ste 3	NAME	ADDRESS T-ZIP				☐ Change	Addition
CITY-ST-ZIP TITLE	Jacksi	onville Beach	ay, Stez	name Street	1				☐ Change	☐ Addition
1	Jacksi	one Greens W	ay, Ste3 ,, FL 32250	NAME STREET CITY-S	1					
TITLE NAME STREET ADDRESS	Tacks	onville Beach	ay, Ste3 ,, FL 32250	NAME STREET CITY-S TITLE NAME STREET	address					
TITLE NAME	Tacks	onville Broch	ay, Ste3 ,, FL 32250	NAME STREET CITY-S TITLE NAME	address					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Jacks	onville Beach	ay, Ste3 ,, FL 32250	NAME STREET CITY-S TITLE NAME STREET CITY-S	address					
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11. I hereby certify that the information supplied with this Hing 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #