

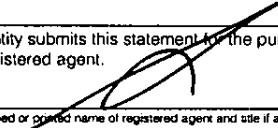
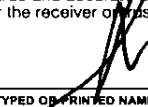


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000002102 1. Entity Name DEVLIN GROUP PROPERTIES, LLC				FILED 07 MAY 15 PM 3:16 CLERK OF STATE TALLAHASSEE, FLORIDA	
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			
2. Principal Office (City, State, Zip) # 		3. Mailing Address 		04192007 Chg-LLC CR2E083 (12/06)	
1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250		1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250		4. FEI Number 20-2112710	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCCUE, EDWARD R JR. 1548 THE GREENS WAY, SUITE 3 JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Edward R. McCue, Jr. 1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250		
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  DATE 4/19/07					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THE DEVLIN GROUP, INC. 1548 THE GREENS WAY, SUITE 3 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M5/23	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	300103530163 05/30/07--01022--013 ***350.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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.					
SIGNATURE: 			4.19.07		904.543.0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #