
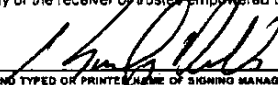


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**
Jun 01, 2006 8:00 am
Secretary of State

05-01-2006 90060 024 ****50.00

DOCUMENT # L05000024342							
1. Entity Name DEVOS BROTHERS INVESTMENTS, LLC							
Principal Place of Business 1666 VILLAGE GREEN DRIVE UNIT 1 PORT ST. LUCIE, FL 34952			Mailing Address 1666 VILLAGE GREEN DRIVE UNIT 1 PORT ST. LUCIE, FL 34952				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 20-3071998			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DEVOS, KARL J 1666 VILLAGE GREEN DRIVE UNIT 1 PORT ST. LUCIE, FL 34952			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE</small>							
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DEVOS, KEVIN J	NAME					
STREET ADDRESS	1666 VILLAGE GREEN DRIVE, UNIT 1	STREET ADDRESS					
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	CITY-ST-ZIP					
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DEVOS, KARL J	NAME					
STREET ADDRESS	1666 VILLAGE GREEN DRIVE, UNIT 1	STREET ADDRESS					
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		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 provided by Chapter 608, Florida Statutes.							
SIGNATURE: 		KARL J. DEVOS		4/28/06			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>			
				772 3988453			