


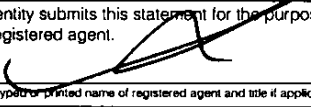
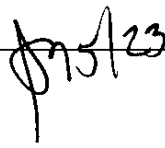
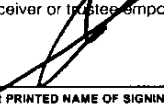
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## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 MAY 15 PM 3:16

CLERK OF STATE  
TALLAHASSEE, FLORIDA

|  |  |  |  |
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| <b>DOCUMENT # L05000029414</b>   |  |         |  |
| 1. Entity Name<br>DEVLIN GROUP CONSTRUCTION, LLC   |  |  |  |
| Principal Place of Business<br>1548 THE GREENS WAY, SUITE 3<br>JACKSONVILLE, FL 32250  |  | Mailing Address<br>1548 THE GREENS WAY, SUITE 3<br>JACKSONVILLE, FL 32250                |  |
| 1548 The Greens Way, Suite 6<br>Jacksonville Beach, FL 32250   |  | 1548 The Greens Way, Suite 6<br>Jacksonville Beach, FL 32250                             |  |
|  |  | 04122007 Chg-LLC CR2E083 (12/06)   |  |
|  |  | 4. FEI Number<br>NOT APPLICABLE  |  |
|  |  | Applied For<br>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<br>1548 THE GREENS WAY, SUITE 3<br>JACKSONVILLE, FL 32250   |  | Edward R. McCue, Jr.<br>1548 The Greens Way, Suite 6<br>Jacksonville Beach, FL 32250     |  |
|  |  | 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    |  | DATE 4/19/07   |  |
| Signature, typed or printed name of registered agent and title if applicable.  |  | (NOTE: Registered Agent signature required when reinstating)                             |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |  | Make check payable to<br>Florida Department of State                                     |  |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>THE DEVLIN GROUP, INC.<br>1548 THE GREENS WAY SUITE 3<br>JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | MGR<br>The Devlin Group, Inc.<br>1548 The Greens Way, Ste. 6<br>Jacksonville Beach, FL 32250 <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |  |  |
| SIGNATURE:    |  | Date 4-19-07 Daytime Phone # 904.543.0026  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Date Daytime Phone #   |  |