2007 LIMITED LIABILITY COMPANY ____ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000041826

1. Entity Name
DEVON NORTH, LLC

FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

1313 N.E. 125 ST. #200 NORTH MIAMI, FL 33161 Mailing Address

1313 N.E. 125 ST. #200 NORTH MIAMI, FL 33161



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1930097 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBI, BENJAMIN R 1313 N.E. 125 ST. #200 NORTH MIAMI, FL 33161

SIGNATURE:

BIGNATURE AND TYP

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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_	Signature, typed or printed name of registered agent and title if applicable	(NOTE; Registered Agent signature required when reinstalling)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			U00000610190 02/02/07-80013-002 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBI, BENJAMIN R 1313 N.E. 125 ST. #200 NORTH MIAMI, FL 33161		
TITLE NAME STREET ADDRESS CHY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this fijing does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and according and that mysignature 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 employered to execute this report as required by Chapter 608. Florida Statutes.			