

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053405

Entity Name: DEWEY EVANS #24, LLC

FILED
Jan 19, 2007
Secretary of State

Current Principal Place of Business:

307 TEQUESTA DRIVE
TEQUESTA, FL 33469

New Principal Place of Business:

631 NORTH US HIGHWAY 1
SUITE 411
NORTH PALM BEACH, FL 33408

Current Mailing Address:

307 TEQUESTA DRIVE
TEQUESTA, FL 33469

New Mailing Address:

631 NORTH US HIGHWAY 1
SUITE 411
NORTH PALM BEACH, FL 33408

FEI Number: 20-2924163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, GILBERT C
307 TEQUESTA DRIVE
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GREENE, GILBERT C
Address: 307 TEQUESTA DRIVE
City-St-Zip: TEQUESTA, FL 33469

Title: MGR () Delete
Name: HOWELL, DOLORES
Address: 307 TEQUESTA DRIVE
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GREENE, GILBERT C
Address: 631 NORTH US HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGR (X) Change () Addition
Name: HOWELL, DOLORES
Address: 631 NORTH US HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GILBERT GREENE

P

01/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date