


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 22, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000074638</b> 1. Entity Name <b>DEV ENTERPRISES, L.L.C.</b>	
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Principal Place of Business <b>4422 HIGHWAY 40 WEST, UNIT #3 OCALA, FL 34482</b>	Mailing Address <b>4422 HIGHWAY 40 WEST, UNIT #3 OCALA, FL 34482</b>
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**DO NOT WRITE IN THIS SPACE**



05132007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-3230341</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PATEL, JITENDRA J 4422 HIGHWAY 40 WEST, UNIT #3 OCALA, FL 34482</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, JITENDRA J 4422 HIGHWAY 40 WEST, UNIT #3 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, DAMYANTIBEN J 4422 HIGHWAY 40 WEST, UNIT #3 OCALA, FL 34482
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05/31/07-80005-010 50.00

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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**5/14/07 352-722-5225**  
Date Daytime Phone #