2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000081471 1. Entity Name

DEVAULT PROPERTIES OF STUART, LLC



FILED May 07, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

816 EAST OCEAN BLVD. STUART, FL 34994

816 EAST OCEAN BLVD. STUART, FL 34994



03152007 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (11/05)

4. FEI Number 21-5506990 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEVAULT, WALTER D III 816 EAST OCEAN BLVFD. STUART, FL 34994

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signeture, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agont signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVAULT, WALTER D III 816 EAST OCEAN BLVD. STUART, FL 34994	,	000000762762 05/29/07-80022-017 50.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
TITLE	,		

DO NOT WRITE IN THIS SPACE

NAME STREET ADDRESS CITY-ST-ZIP NAME

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:

NAME STREET ADDRESS

TITLE

STREET ADDRESS CITY-ST-ZiP

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE

SIGNATURE AND TYPED OR PRINTED NAME

WALTER D DeVault, ID

04-2.6-07 172-286-5551