

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000085760

1. Entity Name
DEVONSHIRE PARK, LLC



Principal Place of Business

P.O. BOX 49586
SARASOTA, FL 34230

Mailing Address

P.O. BOX 49586
SARASOTA, FL 34230

FILED
May 02, 2007 08:00 A
Secretary of State



04172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4948545

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAVARY, JOHNSON S JR.
1990 MAIN STREET, SUITE 700
SARASOTA, FL 34236

**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 May 1, 2007**

U00000757427
05/23/07-80071-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KAPLAN, MARVIN
P.O. BOX 49586
SARASOTA, FL 34230

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHANKS, RUSSELL J
420 LEXINGTON AVENUE, SUITE 2020
NEW YORK, NY 10170

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

4/25/07

941-581-9000

Date

Daytime Phone #