THE DEVLIN GROUP

Fax:904-543-9207

Apr 2

## FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90047 026 \*\*\*\*50.00

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNOAL KLFOKI							04-30-2007 3	9004/020 30	).00
DOCUMENT # L05000121047  1. Entity Name ORLO DEVLIN, LLC							60043	501	
Principal Place of Business Mailing Address							0002-		
1548 THE GREENS WAY, SUITE 3 1548 THE GREENS					l .		NIFI ENII EFIN FYNG EFI	El K <b>ara</b> m <b>at</b> l mah abib dibu isi	PRED ITS ITS
2. Principal Pl	ace of Busine	ss - No P.O. Box #	3. Mailing Address						
Suite, Apr. #, erc.			Suite, Apt. #, etc.				Chg-LLC	CR2E083 (12/06)	
City & State			City & State			4. FEI Number NOT APP	LICABLE _	<u> </u>	plied For at Applicable
Zip	Country		Zip Coun		try	5. Certificate of	Status Desired	S5.00 Add	
	6. Name a	and Address of Current				7. Name and Address of New Registered Agent			
Name									\
	GREENS V	VAY, SUITE 3 NCH, FL 32250	Street Address		(P.O. Box Number	Is Not Acceptable	2)		
·*			City			<u> </u>	FL Zip Cod	9	
8. The above	named entity	submits this statement for	or the purpose of changing its	register	ed office or regist	ered agent, or both	, in the State of Flo	orida. I am familiar with,	and accept
the obligations of registered agent.									
SIGNATURE Signature. Niped or printed name of registered agent and title if applicable. (NOTE: Registered Agent olgrature required when remaining)  DATE									
	iling Fee is ue by May					Florid	a check payable to a Department of Stat	9	
9.		MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS		
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CITY-ST-ZIP  11. I haveby 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 11. I haveby 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 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.									
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SIGNATURE: 4-36-07 941-650-1295  SIGNATURE NO TYPED OR PRINTED NAME OF SIGNATURE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  DAIN DAIN DAIN DAIN DAIN DAIN DAIN DAIN									