

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012476

Entity Name: DEVO ENTERPRISES LLC

FILED  
Jul 17, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 915722  
LONGWOOD, FL 32791

## New Principal Place of Business:

719 FOX VALLEY DRIVE  
LONGWOOD, FL 32779

## Current Mailing Address:

P.O. BOX 915722  
LONGWOOD, FL 32791

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

FRITZ, GERALD  
719 FOX VALLEY DR.  
LONGWOOD, FL 32779 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: MGRM ( ) Delete  
Name: VIVONA, RUDOLPH  
Address: P.O. BOX 4958  
City-St-Zip: WINTER PARK, FL 32793

Title: MGRM ( ) Delete  
Name: FRITZ, GERALD  
Address: P.O. BOX 915722  
City-St-Zip: LONGWOOD, FL 32791

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: VIVONA, RUDOLPH  
Address: P.O. BOX 98  
City-St-Zip: MT. DORA, FL 32756

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GERALD FRITZ

MGRM

07/17/2007

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