

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053761

Entity Name: THE DEVON GROUP LC

FILED
May 05, 2007
Secretary of State

Current Principal Place of Business:

8656 LEM TURNER RD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6862
JACKSONVILLE, FL 32236

New Mailing Address:

8643 1ST AVE
JACKSONVILLE, FL 32208

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:

RUSSELL, CHARMAINE
8656 LEM TURNER RD
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

RUSSELL, CHARMAINE
8643 1ST AVE
JACKSONVILLE, FL 32208 US

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: CHARMAINE RUSSELL

05/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUSSELL, CHARMAINE
Address: PO BOX 6862
City-St-Zip: JACKSONVILLE, FL 32236

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RUSSELL, CHARMAINE
Address: 8643 1ST AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGR () Change (X) Addition
Name: RUSSELL, MARK
Address: 8643 1ST AVE
City-St-Zip: JACKSONVILLE, FL 32208

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: CHARMAINE RUSSELL

MGR

05/05/2007

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