2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2007
Secretary of State

DOCUMENT# L06000077922

Entity Name: DEVELOPING OFFICE COMMUNICATIONS, LLC

Current Principal Place of Business:

4924 SW HAMMOCK CREEK DR
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

4924 SW HAMMOCK CREEK DR
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 20-5360477 **FEI Number Applied For ( )** **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:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
STE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

JOHNSTON, WILLIAM
4924 SW HAMMOCK CREEK DR
PALM CITY, FL 34990 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: WILLIAM JOHNSTON 08/06/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JOHNSTON, WILLIAM
Address: 4924 SW HAMMOCK CREEK DR
City-St-Zip: PALM CITY, FL 34990

Title: MGR ( ) Delete
Name: COLYER, DEWEY
Address: 1151 NE 26TH AVE
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES:

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

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: WILLIAM JOHNSTON MGR 08/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date