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**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000102806

1. Entity Name
DEVONSHIRE HOLDINGS LLC



Principal Place of Business
7171 CORAL WAY, SUITE 104
MIAMI, FL 33155

Mailing Address

7171 CORAL WAY, SUITE 104
MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2665 S. Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 703

City & State

City & State
Miami, FL

Zip

Zip
33133

Country
USA

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS / CHANGES

TITLE MGR Delete
NAME OSORNO, HELDA
STREET ADDRESS 7171 CORAL WAY, SUITE 104
CITY-ST-ZIP MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500103588145
05/31/07--01007--009 **1100.00

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

Timothy D. Richards

4/30/07

(305) 858-9900

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #