## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS

Daytime Phone #

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DOCUMENT # L06000102806  1. Entity Name DEVONSHIRE HOLDINGS LLC									<b>)8 M</b> AY -6	AH 10:	23	
Principal Plac	e of Busines	s		Mailing Address								
7171 CORAL WAY, SUITE 104 MIAMI, FL 33155				2665 S. BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133			 		FRITI IIRII FRIIR	4101   1111   1114   1		
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04282008	Chg-LLC	CR2E	083 (12/06)		
City & State				City & State				4. FEI Numb 26-2	482521		Ne	pplied For ot Applicable
Zip	Country			Zip Cour		ntry	5. Certificate of Status Desired \$5.00 Addition Fee Required  7. Name and Address of New Registered Agent					
6. Name and Address of Current I				Registered Agent Name				/. Name and	Address of New	Kegistered	Agent	<u> </u>
WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE MIAMI, FL 33133				703		Street Address (P.O. Box Number is Not Acceptable)						
						City				FI	Zip Cod	ie
	named entit ions of regist	,	ent for	the purpose of changing its	register	ed office or i	register	ed agent, or bo	th, in the State of			and accept
SIGNATURE .	Signature, typed	or printed name of registered	d agent an	d title if applicable. (NOT	E: Registere	ed Agent signatur	re required	when reinstating)		DATE		
		FEE IS \$138.75 Fee will be \$53						,		ake check i da Departii	payable to nent of Stat	(e)
9.	•	MANAGING M	EMBER	S/MANAGERS	10.				ADDITION	S/CHANGE	<del></del> \$	
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CITY-ST-ZIP						-ST-ZIP	4,3	<del>)</del> )/	<i>v</i> / <i>v</i> ()			
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 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 ecreive of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  (305) 858–9900												
SIGNAT	upe. \	M delei	W	deanes.	A	elda	U	. DSDR	NO 04	1281	108	
JIJIMI	~:\ <b>-</b> : -						<u>.</u>			<del>,                                      </del>		

SIGNATURE: MUCH UL. WURLEW. HELDA M. DEDELO DEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAIL