


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED DIVISION OF CORPORATIONS 90 MAY -3 PM 12:29 mt 5/5	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DEVERE HOLDINGS, L.C. 12800 S.W. 33RD DRIVE DAVIE FL 33330		DOCUMENT # L98000000605			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 05/14/1998 3a. State of Formation FL 4. FEI Number 65-0883996 5. Date of Last Report N/A	
7. Name and Address of Current Registered Agent READ, HASTINGS P 12800 S.W. 33RD DRIVE DAVIE FL 33330		8. Name and Address of New Registered Agent/Office Name READ, HASTINGS P Street Address (P.O. Box Number is Not Acceptable) 757 NW 174 AVENUE Suite, Apt. #, etc. PENBROKE PINES City FL Zip Code 33029			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <u><i>Hastings P. Read</i></u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reappointing) DATE <u>4/27/99</u>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	READ, HASTINGS P	12800 S.W. 33RD DRIVE		DAVIE FL	
MEM	READ, ANNE	12800 S.W. 33RD DRIVE		DAVIE FL	
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <u><i>Hastings P. Read</i></u> DATE <u>4/27/99</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					