


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 30 MAY -3 PM 12:29 mtw 5/5	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>			
<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L9800000605			
DEVERE HOLDINGS, L.C. 12800 S.W. 33RD DRIVE DAVIE FL 33330		1a. Principal Place of Business Address 12800 S.W. 33RD DRIVE DAVIE FL 33330			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/14/1998	
City & State		City & State		3a. State of Formation FL	
Zip		Country		4. FEI Number 65-0883996	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report N/A	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
READ, HASTINGS P 12800 S.W. 33RD DRIVE DAVIE FL 33330			Name READ, HASTINGS P		
			Street Address (P.O. Box Number is Not Acceptable) 757 NW 174 AVENUE		
			Suite, Apt. #, etc. PEMBROKE 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 <i>Hastings P Read</i>			DATE 4/27/99		
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reappointing)</small>					
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	
4000002867144-0 -05/07/99-01079-001 ****188.75 ****188.75					
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: <i>Hastings P Read</i>			DATE 4/27/99		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>			<small>Date</small>		