2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000002336

1. Entity Name ARDEV, L.L.C.



Principal Place of Business

of Business Mailing Address
MS STREET 118 WEST ADAMS STREET

118 WEST ADAMS STREET SUITE 600

SUITE 600 SUITE 600 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202

FILED May 02, 2008 08:00 AN Secretary of State



04072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3541720

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, SCOTT R 2801 LORIMIER TERRACE JACKSONVILLE, FL 32207

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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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
THE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHULTZ, JOHN R 118 WEST ADAMS STREET, 10TH FLOOR JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOSTER, SCOTT R 118 WEST ADAMS STREET, 10TH FLOOR JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-SI-7IP	

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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.

SIGNATURE:

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

48/08 904-354-3603

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