2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L99000006637

Entity Name: DEVCO DEVELOPMENT LLC

Current Principal Place of Business:

2802 SYDNEY ROAD
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2190
BRANDON, FL 33509

New Mailing Address:

FEI Number: 59-3604448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RASHID, SAM
2802 SYDNEY RD
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RASHID, SAM
Address: 2802 SYDNEY RD.
City-St-Zip: PLANT CITY, FL 33567

Title: M ( ) Delete
Name: 602274 BC LTD
Address: 715 ALPINE CT
City-St-Zip: N VANCOUVER, BC V7R 2L7

Title: M ( ) Delete
Name: RASHID, ALINA-SOHAIL
Address: 715 ALPINE CT
City-St-Zip: N VANCOUVER, BC V7R 2L7

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: 602274 BC LTD
Address: 715 ALPINE CT
City-St-Zip: N VANCOUVER, BC V7R 2L7

Title: MGR (X) Change ( ) Addition
Name: RASHID, ALINA-SOHAIL
Address: 715 ALPINE CT
City-St-Zip: N VANCOUVER, BC V7R 2L7

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAM RASHID MGRM 04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date