## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M0400002755

1. Entity Name

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

FRDEVLIN ASSOCIATES, LLC



Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business 532 WEST 30TH ST NEW YORK, NY 10001

• \- \- \-

Mailing Address

532 WEST 30TH ST NEW YORK, NY 10001



01072008 No Chg-LLC

CR2E083 (12/07)

**FILED** 

INCOME IN THE SECOND					
DO NOT WRITE IN THIS SPA		UE, J	4. FEI Number	Applied For	
		4	54-207936	)1	Not Applicable
		,	5. Certificate of St	atus Desired 🔲	\$5.00 Additional Fee Required
	Name and Address of Current Registered Agent		1.2		
MILITANA, JOHN 8801 BISCAYNE BLVD, STE 101			DO N	OT WRIT	Έ
MIAMI, FL	33138		IN TH	IIS SPAC	E
			:		
	named entity submits this statement for the purpose of changing its register ions of registered agent.	ed office or register	ed agent, or both, in	the State of Florida. I a	m familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title II applicable (NOTE: Registered	ed Agent signature required	when reinstating)	· DAT	E
	NOW!!! FEE IS \$138.75 /-1, 2008 Fee will be \$538.75				
9. ′	MANAGING MEMBERS/MANAGERS	197 197 3 3 3 m	22,7	£ 44 - 45 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	on the state of the state of
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVLIN, THOMAS 532 WEST 30TH ST NEW YORK, NY 10001			U000007833	21
TITLE NAME STREET ADDRESS CITY-ST-ZIP			0	1/16/08-8000	9-018 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO N	OT WRIT	<b>E</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN TH	IIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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

Date

Daytime Phone #