

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 APR - 8 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01272004 Chg-LLC CR2E083 (10/03)

4. FEI Number **59-3733111** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DOCUMENT # L01000007436

1. Entity Name
DEVCON-PELICAN BAY LLC

Principal Place of Business 26811 SOUTH BAY DR SUITE 350 BONITA SPRINGS, FL 34134	Mailing Address 26811 SOUTH BAY DR SUITE 350 BONITA SPRINGS, FL 34134
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**CONROY, J. THOMAS III
CONROY, COLEMAN & HAZZARD, P.A.
2640 GOLDEN GATE PKWY, STE 115
NAPLES, FL 34105**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 **2/18/04**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVCON BONITA SPRINGS, L.L.C.		NAME		
STREET ADDRESS	433 SOUTH MAIN ST., STE 300		STREET ADDRESS		
CITY-ST-ZIP	W HARTFORD, CT 06110		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELICAN BAY DEVELOPMENTS, INC.		NAME		
STREET ADDRESS	26811 SOUTH BAY DR, STE 350		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

FF \$50.00

11. I 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 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: **2/18/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #