


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

**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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02162005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3733111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

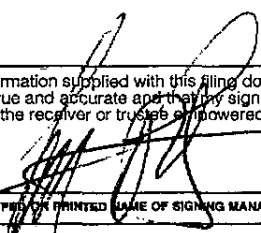
**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVCON BONITA SPRINGS, L.L.C. 433 SOUTH MAIN ST., STE 300 W HARTFORD, CT 06110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PELICAN BAY DEVELOPMENTS, INC. 26811 SOUTH BAY DR, STE 350 BONITA SPRINGS, FL 34134
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 15/01/2005-2005-002 110.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **02/23/05** **(860) 521-6999**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #