

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000007436

FILED  
Apr 21, 2003  
Secretary of State

Entity Name: DEVCON-PELICAN BAY LLC

**Current Principal Place of Business:**

26811 SOUTH BAY DR., STE. 350  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

26811 SOUTH BAY DR  
SUITE 350  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

26811 SOUTH BAY DR., STE. 350  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

26811 SOUTH BAY DR  
SUITE 350  
BONITA SPRINGS, FL 34134

FEI Number: 59-3733111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONROY, J. THOMAS III  
3838 TAMiami TRAIL NORTH, STE. 402  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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

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: CONROY, J THOMAS III

04/21/2003

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DEVCON BONITA SPRING, S, L.L.C.  
Address: 433 SOUTH MAIN ST., STE 300  
City-St-Zip: W HARTFORD, CT 06110

Title: MGRM ( ) Delete  
Name: PELICAN BAY DEVELOPM, ENTS, INC.  
Address: 26811 SOUTH BAY DR, STE 350  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NASHMAN, JAMES A

MGRM

04/21/2003

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