

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010682

**FILED**  
**Jan 31, 2007**  
**Secretary of State**

**Entity Name:** GENEVA NATIONAL PQC, LLC

**Current Principal Place of Business:**

222 U.S. HIGHWAY 1 SOUTH, SUITE 209  
TEQUESTA, FL 33469

**New Principal Place of Business:**

250 SOUTH CENTRAL BLVD.  
SUITE 207  
JUPITER, FL 33458

**Current Mailing Address:**

222 U.S. HIGHWAY 1 SOUTH, SUITE 209  
TEQUESTA, FL 33469

**New Mailing Address:**

250 SOUTH CENTRAL BLVD.  
SUITE 207  
JUPITER, FL 33458

FEI Number: 20-1834295

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LABONTE, CHAD P  
222 U.S. HIGHWAY 1 SOUTH, SUITE 209  
TEQUESTA, FL 33469 US

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

LABONTE, CHAD P  
250 SOUTH CENTRAL BLVD.  
SUITE 207  
JUPITER, FL 33458 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: \_\_\_\_\_

01/31/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DEVCON DEVELOPMENT,, LLC  
Address: 222 U.S. HIGHWAY 1 SOUTH, SUITE 209  
City-St-Zip: TEQUESTA, FL 33469

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DEVCON DEVELOPMENT,, LLC  
Address: 250 SOUTH CENTRAL BLVD. #207  
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD P. BELLINGER

MGR

01/31/2007

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