## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0100007436  1. Entity Name DEVCON-PELICAN BAY LLC				O4 APR -8 PH 12: 27
26811 SOU SUITE 350	ce of Business TH BAY DR UNGS, FL 34134	Mailing Address 26811 SOUTH BAY DR SUITE 350 BONITA SPRINGS, FL		SECRETARY OF STATE MALLAHASSEE, FLORIDA
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272004 Chg-LLC CR2E083 (10/03)
City & State		City & State		4. FEI Number Applied For 59-3733111 Not Applied be
Zip	Country	Zip	Country	5. Certificate of Status Desired Security Securi
6. Name and Address of Current Registered Agent			Name	7. 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			Street Address	is (P.O. Box Number is Not Acceptable)
MAI CEO,	12 04100	0 0	City	FL Zip Code
8. The above named entity submits this statement for the pyrpose of charging is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE				
Signature, typed or printed name of registered agent and the inapplicable.  Filling Fee is \$50.00  Due by May 1, 2004  Due by May 1, 2004  Date Signature required when reinstating)  Make check payable to a Florida Department of State				
TITLE NAME STREELADDRESS CITY-ST-ZIP	MGRM DEVCON BONITA SPRINGS, L.I. 433 SOUTH MAIN ST., STE 300 W HARTFORD, CT 06110	RS/MANAGERS*( ** e <sub>1</sub> · k · k · k · k · k · k · k · k · k ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PELICAN BAY DEVELOPMENTS 26811 SOUTH BAY DR, STE 350 BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900032123899 Addition 04/08/0401011004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		€ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STRELT ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this (iling 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 triat musignature 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 emberged to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE:  SIGNATURE AND TYPE TO PARTITION OF SIGNIFFO MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Dale  Daytime Phone #				