

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90117 023 \*\*\*138.75

**DOCUMENT # L03000007328**

1. Entity Name  
**WILLOW LAKES, LLC**



Principal Place of Business  
**250 SOUTH CENTRAL BLVD.  
SUITE 207  
JUPITER, FL 33458**

Mailing Address  
**250 SOUTH CENTRAL BLVD.  
SUITE 207  
JUPITER, FL 33458**

**60023704**



2. Principal Place of Business - No P.O. Box #

**601 Heritage Drive**

Suite, Apt. #, etc.  
**113**

3. Mailing Address

**601 Heritage Drive**

Suite, Apt. #, etc.  
**113**

City & State

**Jupiter FL**

Zip

**33458**

Country

**USA**

City & State

**Jupiter FL**

Zip

**33458**

Country

**USA**

03192008 Chg-LLC CR2E083 (12/06)

4. FEI Number

**54-2099867**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LABONTE, CHAD P  
250 SOUTH CENTRAL BLVD.  
SUITE 207  
JUPITER, FL 33458**

7. Name and Address of New Registered Agent

Name

**Chad P LaBonte**

Street Address (P.O. Box Number is Not Acceptable)

**601 Heritage Drive**

**Suite 113**

City

**Jupiter**

**FL**

Zip Code

**33458**

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

**Chad P LaBonte**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/20/08**

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DEVCON WILLOW LAKES, LLC  
250 SOUTH CENTRAL BLVD. #207  
JUPITER, FL 33458** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**601 Heritage Drive, Suite 113  
Jupiter FL 33458**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

**Chad P LaBonte**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/20/08**

Date

**561.214.8123**

Daytime Phone #