

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010926

Entity Name: DEVCON DEVELOPMENT, LLC

FILED
Apr 05, 2006
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 57-1157706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLINGER, RICHARD P
222 SOUTH U.S. HIGHWAY ONE, #209
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LABONTE, ROLAND G
Address: 195 REGATTA DR.
City-St-Zip: JUPITER, FL 33477

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

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

ADDITIONS/CHANGES:

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

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 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

04/05/2006

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