2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 15, 2008 8:00 am Secretary of State **DOCUMENT # L03000024237** 04-15-2008 90117 025 ***138.75 OLD HAMMOCK COVE, LLC Mailing Address Principal Place of Business 250 SOUTH CENTRAL BLVD. 250 SOUTH CENTRAL BLVD. 60023702 SUITE 207 SUITE 207 JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 601 Heritage 601 Heritage Suite, Apt. #, etc. Suite, Apt. #, etc. 03192008 Chg-LLC CR2E083 (12/06) 113 City & State 4. FEI Number Applied For City & State 36-4538647 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Chad LaBorte LABONTE, CHAD P Street Address (P.O. Box Number is Not Acceptable) 601 Heritage Drive 250 SOUTH CENTRAL BLVD. SUITE 207 JUPITER, FL 33458 upder 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to ... FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR Change TITLE ☐ Addition TITLE ☐ Delete DEVCON DEVELOPMENT, LLC NAME NAME 250 SOUTH CENTRAL BLVD. #207 GOI Heritage Drive, Ste 113 STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.