

**2004 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

DOCUMENT # L03000024239

1. Entity Name
LIVINGSTON GREENS, LLC



FILED

04 AUG -4 AM 10:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
MAY 11 2004

Principal Place of Business
222 U.S. HWY. 1 SOUTH, STE. 209
TEQUESTA, FL 33469

Mailing Address
222 U.S. HWY. 1 SOUTH, STE. 209
TEQUESTA, FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07212004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number 20-1207106
APPLIED FOR

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABONTE, CHAD P
222 U.S. HWY. 1 SOUTH, STE. 209
TEQUESTA, FL 33469

Name

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

City

FL

Zip Code

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)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME DEVCON DEVELOPMENT, LLC ☒ Delete
STREET ADDRESS 222 SO. US HWY 1, #209
CITY-ST-ZIP TEQUESTA, FL 33409

TITLE MGR ☐ Change ☒ Addition
NAME devcon livingston greens, LLC
STREET ADDRESS 222 South U.S. Hwy. 1, Suite 209
CITY-ST-ZIP Tequesta, FL 33469

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME B&G Enterprises, LLC MGR
STREET ADDRESS 222 South U.S. Hwy 1, Suite 209
CITY-ST-ZIP Tequesta, FL 33469

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 800040265408
STREET ADDRESS 08/18/04--01005--003
CITY-ST-ZIP **100.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing 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 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:

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

Date 7/22/04 Daytime Phone #