

5/3/2004

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Jun 07, 2004 8:00 am
Secretary of State

05-03-2004 90126 040 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000034923			
1. Entity Name DEVCON WILLOW LAKES, LLC			
Principal Place of Business 222 SOUTH U.S. HIGHWAY 1, SUITE 209 TEQUESTA, FL 33469		Mailing Address 222 SOUTH U.S. HIGHWAY 1, SUITE 209 TEQUESTA, FL 33469	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0859908		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$3.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LABONTE, CHAD P 222 SOUTH U.S. HIGHWAY 1, SUITE 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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when renewing.			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	004-40-8384 (Grantor trust) Labonte Family Dynasty Trust Dated 9/12/03, M.P. Labonte Trustee 195 Regatta Drive Jupiter, FL 33477-4012 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roland G. Labonte MGR ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chad P. Labonte MGR ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 exemption stated in Section 119.07(3)(f), 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 605, Florida Statutes.			
SIGNATURE: <u>Chad P. Labonte</u>		Date: <u>4/7/04</u> 561-744-3341	
SIGNATURE AND TYPED OR PRINTED NAME OF BEING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			