2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 15, 2008 8:00 am Secretary of State DOCUMENT # L03000034923 1. Entity Name DEVCON WILLOW LAKES, LLC 04-15-2008 90116 031 ***138.75 Principal Place of Business Mailing Address 250 SOUTH CENTRAL BLVD. 250 SOUTH CENTRAL BLVD. SUITE 207 SUITE 207 JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address GOI Heritage Drive GOI Heritage Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 03192008 Chg-LLC CR2E083 (12/06) 113 City & State 4. FEI Number Applied For City & State Not Applicable Jupiter Jupiter 20-0859908 Country USA \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent P LaBonte Chad LABONTE, CHAD P Street Address (P.O. Box Number is Not Acceptable) (OO! Heritage Drive 250 SOUTH CENTRAL BLVD. **SUITE 207** JUPITER, FL 33458 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. ne 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 LABONTE, ROLAND G NAME NAME GOI Heritage Dr. Ste 113 STREET ADDRESS STREET ADDRESS 250 SOUTH CENTRAL BLVD. #207 CITY-ST-ZIP CITY-ST-ZIP Jupiter, FL JUPITER, FL 33458 MGR Change ☐ Delete TITLE ☐ Addition TITLE NAME LABONTE, CHAD P STREET ADDRESS 601 Heritage Dr. Ste 113 250 SOUTH CENTRAL BLVD. #207 STREET ADDRESS Jupiter, FL 33458 CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITL F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete 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.

SIGNATURE: 3/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

FILED

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