2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# L04000053846

Entity Name: DEVCON FORT PIERCE LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 51-0422618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LABONTE, CHAD P
222 U.S. HIGHWAY 1 SOUTH STE. 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/MEMBERS:

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

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

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: CHAD P. LABONTE MGR 04/14/2005

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