

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087073

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: ALECON CONSTRUCTION, LLC

**Current Principal Place of Business:**

129 NANDINA CIRCLE  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

129 NANDINA CIRCLE  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

C/O WILMOTH & ASSOCIATES, P.A.  
2317 BLANDING BLVD., SUITE 206  
JACKSONVILLE, FL 32210

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEE, NICHOLAS D  
129 NANDINA CIRCLE  
PONTE VEDRA BEACH, FL 32082 US

**Name and Address of New Registered Agent:**

WILMOTH & ASSOCIATES, P.A.  
2317 BLANDING BOULEVARD  
SUITE 206  
JACKSONVILLE, FL 32210 US

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: KIM M. WILMOTH

04/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: W.J. COLLINS & ASSOC, IATES, INC.  
Address: 129 NANDINA CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Delete  
Name: LEE, NICHOLAS D  
Address: 4812 MARSH HAMMOCK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR ( ) Delete  
Name: COLLINS, WILLIAM J  
Address: 129 NANDINA CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR ( ) Delete  
Name: SEXTON, JAMES F JR.  
Address: 1100 SEAGATE AVE., APT. #287  
City-St-Zip: NEPTUNE BEACH, FL 32266

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 exemption stated in Chapter 119, 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: WILLIAM J. COLLINS

MGRM

04/25/2007

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