

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087073

FILED
Apr 23, 2009
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:

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

New Mailing Address:

FEI Number: 20-3424292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILMOTH & ASSOCIATES, P.A.
2317 BLANDING BOULEVARD
SUITE 206
JACKSONVILLE, FL 32210 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/MANAGERS:

Title: MGRM () Delete
Name: W.J. COLLINS & ASSOCIATES, 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

MGR

04/23/2009

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