2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 15, 2008 8:00 am Secretary of State DOCUMENT # L060001067:57 04-15-2008 90116 032 ***138.75 1. Entity Name DEVCON REALTY, LLC Principal Place of Business Mailing Address UUU 60000 250 S CENTRAL BLVD 250 S CENTRAL BLVD SUITE 207 SUITE 207 JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 601 Heritage Suite, Apt. #, etc. 601 Heritage Drive Suite, Apt. #, etc. 03192008 Chg-LLC CR2E083 (12/06) 113 113 City & State City & State 4. FEI Number Applied For FL Jupiter Jupiter, 38-3745939 Not Applicable Country Country Zip \$5.00 Additional 5. Certificate of Status Desired USA *3*3458 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Chad P Labonte Street Address (P.O. Box Number is Not Acceptable) Co O 1 Heritage Drive, Suite LABONTE, CHAD P 250 S CENTRAL BLVD. **SUITE 207** JUPITER, FL 33458 Jupiter 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Delete 🔀 Change ☐ Addition NAME LABONTE, CHAD P NAME GOI Heritage Drive, Ste 113 STREET ADDRESS 250 S CENTRAL BLVD STE 207 STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP MGR Change TITLE ☐ Delete TITLE Addition LABONTE, ROLAND G NAME GOI Heritage Dr., Ste 113 250 S CENTRAL BLVD STE 207 STREET ADDRESS STREET ADDRESS Jupiter, F1 33458 CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME DESILVA, JOSEPH W NAME STREET ADDRESS 250 S CENTRAL BLVD STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TITLE Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 cath, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED