

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003704

FILED
Jan 11, 2008
Secretary of State

Entity Name: DEVCON TCI LTD CO

Current Principal Place of Business:

1350 E NEWPORT CENTER DRIVE, SUITE 201
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1350 E NEWPORT CENTER DRIVE, SUITE 201
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 11-3808441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHELLGREN, DAVID
1350 E NEWPORT CENTER DRIVE, SUITE 201
DEERFIELD BEACH, FL 33442 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: PCEO () Delete
Name: CHELLGREN, JON
Address: 1350 E NEWPORT CENTER DRIVE, SUITE 201
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: EVP () Delete
Name: SMITH, DONALD
Address: 1350 E NEWPORT CENTER DRIVE, SUITE 201
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: CFO () Delete
Name: CHELLGREN, DAVID
Address: 1350 E NEWPORT CENTER DRIVE, SUITE 201
City-St-Zip: DEERFIELD BEACH, FL 33442

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:

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: DAVID CHELLGREN

CFO

01/11/2008

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