


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000001827
 1. Entity Name
CONSERVATION CENTRE, L.C.



Principal Place of Business 2507 CALLAWAY ROAD, #101 TALLAHASSEE, FL 32303	Mailing Address 2507 CALLAWAY ROAD, #101 TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3569814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MACFARLAND, JAMES W
 2507 CALLAWAY ROAD, #101
 TALLAHASSEE, FL 32303

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
 Due by May 1, 2004**

U00000090891
 03/17/04-80037-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MACFARLAND, JAMES W 2507 CALLAWAY ROAD, #101 TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM MACFARLAND, KAREN K 309 OAKS WILL CT TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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: James W MacFarland **3/15/04 386-5263**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #