


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2005 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			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3569814	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>	
6. Name and Address of Current Registered Agent MACFARLAND, JAMES W 2507 CALLAWAY ROAD, #101 TALLAHASSEE FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
State		State		Zip Code	
FL		Applied For <input type="checkbox"/> Not Applicable			
\$5.00 Additional Fee Required		1st MOORE CR2E083 (10/04)			
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) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					



1st MOORE CR2E083 (10/04)

4. FEI Number **59-3569814** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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

Name

 Street Address (P.O. Box Number is Not Acceptable)

 City
 FL Zip Code

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACFARLAND, JAMES W		NAME		
STREET ADDRESS	2507 CALLAWAY ROAD, #101		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE FL 32303		CITY - ST - ZIP		
U00000225706			02/11/05-80049-018	50.00	
TITLE	MEM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACFARLAND, KAREN K		NAME		
STREET ADDRESS	309 OAKS WILL CT		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE FL 32312		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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* **JAMES W. MAC FARLAND** 2/9/05 386-5263
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #