


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # L99000001827 1. Entity Name CONSERVATION CENTRE, L.C.	
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Principal Place of Business 2507 CALLAWAY ROAD, #101 TALLAHASSEE, FL 32303	Mailing Address 2507 CALLAWAY ROAD, #101 TALLAHASSEE, FL 32303
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02222007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3569814	Applied For Not Applicab
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, 2007**

U00000652659
03/12/07-80026-024 50.00

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

DO NOT WRITE
IN THIS SPACE

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 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* 2/20/07 59-3569814