

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067110

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE CAROL H. CONOVER PROPERTY MANAGEMENT CO., LLC

Current Principal Place of Business:

<UNUSED>
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

1366 AUGUSTINE DRIVE
THE VILLAGES, FL 32159

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CONOVER, CAROL H
1366 AUGUSTINE DRIVE
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

THE MILLHORN LAW FIRM
13710 US HWY 441
SUITE 100
THE VILLAGES, FL 32159 US

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: ERIC C MILLHORN

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CONOVER, CAROL H
Address: 1366 AUGUSTINE DRIVE
City-St-Zip: THE VILLAGES, FL 32159

Title: MGRM () Delete
Name: CONOVER, JAMES H
Address: 1366 AUGUSTINE DRIVE
City-St-Zip: THE VILLAGES, FL 32159

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THE CAROL H. CONOVER, TRUST
Address: 1366 AUGUSTINE DRIVE
City-St-Zip: THE VILLAGES, FL 32159

Title: MGRM (X) Change () Addition
Name: THE JAMES H. CONOVER, TRUST
Address: 1366 AUGUSTINE DRIVE
City-St-Zip: THE VILLAGES, FL 32159

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: CAROL H. CONOVER

MGRM

04/30/2008

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