2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L06000013354

Entity Name: CONOS COMPANY, LLC

Current Principal Place of Business:

4310 PABLO OAKS COURT
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4310 PABLO OAKS COURT
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 51-0566764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUMMINGS, SPENCER N
245 RIVERSIDE AVE., SUITE 400
JACKSONVILLE, FL 32202 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:	P	( ) Delete
Name:	ZAHRA, ELLIS E JR	
Address:	4310 PABLO OAKS CT	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	VT	( ) Delete
Name:	DAVIS, DANO A	
Address:	4310 PABLO OAKS CT	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	ASV	( ) Delete
Name:	DAVIS, ROBERT D	
Address:	4310 PABLO OAKS CT	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	V	( ) Delete
Name:	SKELTON, H.J.	
Address:	4310 PABLO OAKS CT	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	ASV	( ) Delete
Name:	FRANCIS, HARRY D	
Address:	4310 PABLO OAKS CT	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	V	( ) Delete
Name:	THORNE, SUSAN C	
Address:	4310 PABLO OAKS CT	
City-St-Zip:	JACKSONVILLE, FL 32224	

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:		
Title:	ASV	(X) Change ( ) Addition
Name:	FRANCIS, HARRY D	
Address:	4310 PABLO OAKS CT	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	V	(X) Change ( ) Addition
Name:	THORNE, SUSAN C	
Address:	4310 PABLO OAKS CT	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	V	(X) Change ( ) Addition
Name:	OKO, SCOTT A	
Address:	4310 PABLO OAKS CT	
City-St-Zip:	JACKSONVILLE, FL 32224	

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: ZAHRA, E. ELLIS, JR. P 01/15/2009

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