


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90354 001 \*\*\*\*50.00

<b>DOCUMENT # L06000110744</b> 1. Entity Name <b>CONSERVANCY PRESS, L.L.C. / AUDREY PARKER</b>					
Principal Place of Business 3409 W. 19TH STREET PANAMA CITY, FL 32405			Mailing Address 3409 W. 19TH STREET PANAMA CITY, FL 32405		
2. Principal Place of Business - No P.O. Box # <b>3409 W 19TH STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME AS 2</b> Suite, Apt. #, etc.			
City & State <b>PANAMA CITY FL</b>		City & State <b>PANAMA CITY FL</b>		4. FEI Number <b>20-5885861</b>	
Zip <b>32405</b>		Country <b>BAH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PARKER, AUDREY</b> <b>3409 W. 19TH STREET</b> <b>PANAMA CITY, FL 32405</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, AUDREY 3409 W. 19TH STREET PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Audrey B Parker</i>			4-20-07 850-785 9198		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

ATTACHMENT

36007910  
#LD6000110744

63-1011/832

Consewancy Paces LLC  
Candry Parker  
3469 W 19 St  
Panama City, FL 32405

PAY TO THE  
ORDER OF

DATE April 2007

Twenty and no 100 00/100  
DOLLARS

**AM SOUTH BANK** 10  
THE RELATIONSHIP PEOPLE

FOR Annual Report

Consewancy Paces LLC  
Candry B. Parker

Security  
Features  
Check for  
them