


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000110744		
1. Entity Name CONSERVANCY PRESS, L.L.C.		

FILED

2007 OCT 26 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business AUDREY PARKER 3409 W. 19TH STREET PANAMA CITY, FL 32405		Mailing Address AUDREY PARKER 3409 W. 19TH STREET PANAMA CITY, FL 32405	
2. Principal Place of Business - No P.O. Box # 120 E. 2nd Place		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Panama City, FL		City & State	
Zip 32401	Country USA	Zip	Country

10192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5885861		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PARKER, AUDREY 3409 W. 19TH STREET PANAMA CITY, FL 32405		7. Name and Address of New Registered Agent Name Jacalyn N. Kolk Street Address (P.O. Box Number is Not Acceptable) 4116 Highway 231 North City Panama City FL Zip Code 32404	
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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 Jacalyn N. Kolk Jacalyn N. Kolk 10/19/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, AUDREY 3409 W. 19TH STREET PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Candis Harbison 120 E. 2nd Place, Panama City, FL 32401	<input checked="" 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
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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.

SIGNATURE: Candis Harbison Candis Harbison 10-19-07 (850) 8260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #