

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014740

FILED
Jan 12, 2008
Secretary of State

Entity Name: A CONSCIOUS PRODUCTION LLC

Current Principal Place of Business:

10102 REGEN CIR
NAPLES, FL 34109

New Principal Place of Business:

10102 REGENT CIRCLE
NAPLES, FL 34109 US

Current Mailing Address:

10102 REGEN CIR
NAPLES, FL 34109

New Mailing Address:

10102 REGENT CIRCLE
NAPLES, FL 34109 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLEV, ATANAS N
26411 HICKORY BLVD
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

KOLEV, ATANAS N
10102 REGENT CIRCLE
NAPLES, FL 34109 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:

01/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOLEV, ATANAS N
Address: 26411 HICKORY BLVD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR () Delete
Name: BOBCHEV, VLADMIR
Address: 5297 TREETOPS DR
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KOLEV, ATANAS N
Address: 10102 REGENT CIRCLE
City-St-Zip: NAPLES, FL 34109 US

Title: MGR (X) Change () Addition
Name: BOBCHEV, VLADIMIR R
Address: 5297 TREETOPS DR.
City-St-Zip: NAPLES, FL 34113 US

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: VLADIMIR R. BOBCHEV

MGR

01/12/2008

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