



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90025 031 ***150.00

DOCUMENT # P04000021526					
1. Entity Name SAVANNAH PRESERVE INC.					
Principal Place of Business BARRINGTON GROUP INC 1 SO SCHOOL AVE STE 500 SARASOTA, FL 34237			Mailing Address BARRINGTON GROUP INC 1 SO SCHOOL AVE STE 500 SARASOTA, FL 34237		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0700737	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LIEBERMAN, LARRY STREET ADDRESS 1 S SCHOOL AVE STE 500 CITY-ST-ZIP SARASOTA, FL 34237	<input type="checkbox"/> Delete		TITLE VP NAME Nathan Metzger STREET ADDRESS 2694 Church Drive CITY-ST-ZIP Atlanta, GA 30340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME BALLEAHUE, RONDA STREET ADDRESS 4305 LONGERAMP DR CITY-ST-ZIP SARASOTA, FL 34235	<input type="checkbox"/> Delete		TITLE S NAME Donald Brown STREET ADDRESS 2694 Church Drive CITY-ST-ZIP Atlanta, GA 30340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME BRADLEY, SCOTT STREET ADDRESS 1618 PINE HARRIER CIR CITY-ST-ZIP SARASOTA, FL 34232	<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	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE:  4/26/07 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					