2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000004314

1. Entity Name



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90115 039 ****50.00

ANCIENT	CITY REAL	ESTATE AND DE	VELOPMENT, LLC							
Principal Place of Business 3149 PONCE DE LEON BLVD #7 ST AUGUSTINE FL 32084		Mailing Address 3149 PONCE DE LEON BLVD #7 ST AUGUSTINE FL 32084					BO BU BRU BRU BRU BRU BRU BRU BRU BRU BRU		111 81896 111 6 1 1	iğli gişi iğbi
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		!	Suite, Apt. #, etc.				CHECK HERE IF	- MAKING	CHANGES	:
City & State		ļ,	City & State			4. FEI Num	ber 59-3710192		<u> </u>	oplied For ot Applicable
Zip		Country	Zip	Cour	ntry	5. Certificat	te of Status Desired		\$5.00 Add	ditional
 -	6. Name an	d Address of Current	Registered Agent		T	7. Name an	d Address of New Re	gistered A	Agent	
6. Name and Address of Current Registered Agent					Name				.3	
BIENIEK, ANNA					to the state of th					
3149 PONCE DE LEON BLVD					Street Address (I	P.O. Box Numb	per is Not Acceptable)			
# 7										·—-
ST AUGUSTINE FL: 32084					<u></u>	<u> </u>	<u>-</u>			
					City			FL	Zip Codi	e
8. The above	named entity su	ibmits this statement for	the purpose of changing its	s register	ed office or register	ed agent, or b	oth, in the State of Flori	ida. I am f	amiliar with,	and accept
the obligations of registered agent.										
 SIGNATURE		t								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Ag						when reinstating)		DATE		
FILE NOW!!! FEE IS						Ì				j
	Make Check Payable to Fig.			orida Departmer	nt of State				ļ	
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9.		MANAGING MEMBE	NAGING MEMBERS/MANAGERS 10.			,	ADDITIONS/0	CHANGES		
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NAME BIENIEK, ANNA			N.		DE [
STREET ADDRESS 3601 WINDJAMMER LN					EET ADDRESS)
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CITY-ST-ZIP				ÇITY	-ST-ZIP					ļ
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE