2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# L00000006294

Entity Name: THE HISTORICAL PROPERTIES LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1300 N. PONCE DE LEON BOULEVARD
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1300 N. PONCE DE LEON BOULEVARD
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3665529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, JYOTSNA
1300 N. PONCE DE LEON BOULEVARD
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PATEL, NARENDRA
Address: 1300 N. PONCE DE LEON BOULEVARD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGR ( ) Delete
Name: PATEL, JYOTSNA
Address: 1300 N. PONCE DE LEON BOULEVARD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: PATEL, AMEET
Address: 1300 N. PONCE DE LEON BLVD
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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: PATEL JYOTSNA SEC 04/20/2007

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