


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000001749 1. Entity Name OLD CITY DEVELOPMENT, LLC.	
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Principal Place of Business 3433 US 1 SOUTH ST. AUGUSTINE, FL 32086	Mailing Address 3433 US 1 SOUTH ST. AUGUSTINE, FL 32086
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DO NOT WRITE IN THIS SPACE



04132004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3710119	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GALLETTA, JOHN JR, ESQ 4100 A1A SOUTH ST. AUGUSTINE, FL 32080
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLEY, DONNA M 309 S. OCEAN TRACE ROAD ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIESCO, MICHAEL A 3433 US 1 SOUTH ST. AUGUSTINE, FL 32086
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

5/3/04

Date

Daytime Phone #