


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2006 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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07052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3710119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

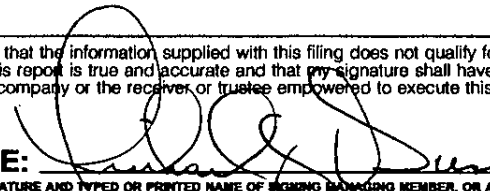
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by September 6, 2006**

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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<p>000000568315 07/10/06-800008-022 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. 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 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.
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SIGNATURE:  MICHAEL A PIESCO 7/15/06 904 797 9967	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		