2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L01000012016

Entity Name: OLD TOWN TROLLEY TOURS OF ST. AUGUSTINE, L.LC.

Current Principal Place of Business:

201 FRONT STREET
SUITE 224
KEY WEST, FL 33040

New Principal Place of Business:

201 FRONT STREET
SUITE 224
KEY WEST, FL 33040 US

Current Mailing Address:

201 FRONT STREET
SUITE 224
KEY WEST, FL 33040

New Mailing Address:

201 FRONT STREET
SUITE 224
KEY WEST, FL 33040 US

FEI Number: 65-1122894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWIFT, EDWIN O III
201 FRONT STREET
SUITE 224
KEY WEST, FL 33040 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: OLD TOWN TROLLEY TOURS OF ST AUGUSTINE INC
Address: 201 FRONT STREET SUITE 224
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: OLD TOWN TROLLEY TOURS OF ST AUGUSTINE INC
Address: 201 FRONT STREET SUITE 224
City-St-Zip: KEY WEST, FL 33040 US

I hereby certify that the information supplied with this filing does not qualify 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: EDWIN O. SWIFT, III MGR 04/14/2009

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