

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000057064

1. Entity Name
OLD SMYRNA LAND COMPANY, LLC



Principal Place of Business
**1785 VICTORY'S PATH TRAIL
NEW SMYRNA BEACH, FL 32168 US**

Mailing Address
**P. O. BOX 1202
NEW SMYRNA BEACH, FL 32170 US**



01242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0735305	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fees Required

6. Name and Address of Current Registered Agent

**HICKSON, MICHAEL L
1785 VICTORY'S PATH TRAIL
NEW SMYRNA BEACH, FL 32168**

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HICKSON, MICHAEL L
STREET ADDRESS	1785 VICTORY'S PATH TRAIL
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32168

TITLE	MGRM
NAME	HICKSON, SUSAN S
STREET ADDRESS	1785 VICTORY'S PATH TRAIL
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32168

TITLE	
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CITY - ST - ZIP	

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02/14/06-80028-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/31/06

Date

386-428-7461

Daytime Phone #