


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90208 001 \*\*\*100.00

<b>DOCUMENT # L05000007154</b> 1. Entity Name <b>THE NEW AND THE OLD LLC</b>					
Principal Place of Business <b>4320 CALM TERRACE PENSACOLA, FL 32503</b>			Mailing Address <b>ATTN: JAN E. SANCHEZ P.O. BOX 1550 PENSACOLA, FL 32591-1550</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01102006    Chg-LLC    CR2E083 (11/05)	
Zip		Country		4. FEI Number <b>542165019</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANCHEZ, JAN E 4320 CALM TERRACE PENSACOLA, FL 32503</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR SANCHEZ, JAN E 4320 CALM TERRACE PENSACOLA, FL 32503</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM WANEK, JOSEPH A SR. 412 W. LLOYD ST. PENSACOLA, FL 32501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LYONS, THOMAS M 3110 HYDE PARK PLACE PENSACOLA, FL 32503</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM NEWSOME, STEPHEN B 940 BOCYRUS LANE CANTONMENT, FL 32533</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> 			<b>5-16-2006 850-434-2207</b> Date Daytime Phone #		