

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-01-2006 90065 050 ****50.00

DOCUMENT # L05000040053					
1. Entity Name ANCIENT CITY REAL ESTATE, LLC					
Principal Place of Business 413 CHAMBERLAIN DRIVE SAINT AUGUSTINE, FL 32086			Mailing Address 413 CHAMBERLAIN DRIVE SAINT AUGUSTINE, FL 32086		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2590377	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GIALLUCA, TOBY E 413 CHAMBERLAIN DRIVE SAINT AUGUSTINE, FL 32086			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 reappointing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GIALLUCA, TOBY E 413 CHAMBERLAIN DRIVE SAINT AUGUSTINE, FL 32086	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CASEY, HOOVER J 1933 BURGESS HILL CIRCLE WEST JACKSONVILLE, FL 32246	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
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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.			SIGNATURE: <i>Toby Gialluca</i> 4/27/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		