


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90215 033 \*\*\*\*50.00

<b>DOCUMENT # L05000044637</b>	
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1. Entity Name  
**OLDE FLORIDA, LLC**

Principal Place of Business  
**432 SOUTH BABCOCK STREET  
MELBOURNE, FL 32901**

Mailing Address  
**432 SOUTH BABCOCK STREET  
MELBOURNE, FL 32901**

20060630



03102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
**20-2802290**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FALLACE, JAMES H JR ESQ 1900 SOUTH HICKORY STREET, SUITE A MELBOURNE, FL 32901		Name <b>Dean Mead Services LLC</b>	
		Street Address (P.O. Box Numbers Not Acceptable) <b>800 N. Magnolia Ave.</b>	
		<b>Suite 1500</b>	
		City <b>Orlando</b>	FL

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. **DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., SOLE MEMBER OF DEAN MEAD SERVICES, LLC STEVEN C. LEE, VICE PRESIDENT** 03/20/06

SIGNATURE *[Signature]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**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	MGR PEZZEMINTI, ALEXANDER 432 SOUTH BABCOCK STREET MELBOURNE, FL 32901 <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
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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:** *[Signature]* **Alexander Pezzeminti 3/15/06 321-723-0651**

SIGNATURE AND TITLE OF PRINCIPAL, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #