

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055736

FILED
Feb 13, 2007
Secretary of State

Entity Name: ANCIENT CITY FOUNTAINS, LLC

Current Principal Place of Business:

6959-1 SOUTH PHILIPS PKWY. DR.
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

4470 N. FRANCIS RD #8
ST. AUGUSTINE, FL 32095 US

Current Mailing Address:

6959-1 SOUTH PHILIPS PKWY. DR.
JACKSONVILLE, FL 32256 US

New Mailing Address:

4470 N. FRANCIS RD #8
ST. AUGUSTINE, FL 32095 US

FEI Number: 20-2958436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, DOUGLAS
6959-1 SOUTH PHILIPS PKWY. DR.
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

POWERS, DOUGLAS
4470 N. FRANCIS RD #8
ST AUGUSTINE, FL 32095 US

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:

02/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POWERS, DOUGLAS
Address: 6959-1 SOUTH PHILIPS PKWY. DR.
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POWERS, DOUGLAS
Address: 4470 N FRANCIS RD #8
City-St-Zip: ST AUGUSTINE, FL 32095 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS A. POWERS

MGRM

02/13/2007

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