

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90053 043 ****50.00

DOCUMENT # L05000087340 1. Entity Name ANCIENT CITY PROPERTY INVESTMENTS, LLC					
Principal Place of Business 3584 US 1 SOUTH ST. AUGUSTINE, FL 32086			Mailing Address 201 FIDDLERS' POINT DRIVE ST. AUGUSTINE, FL 32080		
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 04262006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUSAIN, SHAKIRA 201 PEDDLERS' POINT DRIVE ST. AUGUSTINE, FL 32080			Name Street Address (P.O. Box Number is Not Acceptable) 201 Fiddlers Point Drive 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 _____ DATE _____ (Signature typed or printed name of registered agent and title acceptable) (NOTE: Registered Agent signature required when transferring)					
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	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Managing Member Shakira Husain 201 Fiddlers Point Drive St Augustine FL 32080 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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.					
SIGNATURE: 			Shakira Husain		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 904-824-8666		