

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

**FILED**  
**Aug 20, 2008 08:00 AM**  
**Secretary of State**



03132008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HUSAIN, SHAKIRA  
201 FIDDLERS POINT DR  
ST. AUGUSTINE, FL 32080

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HUSAIN, SHAKIRA  
201 FIDDLERS POINT DR  
SAINT AUGUSTINE, FL 32080

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000857384  
08/20/08-80001-004 538.75

**DO NOT WRITE  
IN THIS SPACE**

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

904-824-8666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #