



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

06-19-2006 90368 028 \*\*\*\*50.00

<b>DOCUMENT # L05000098589</b> 1. Entity Name <b>OLD BRICK ROAD INVESTMENT, LLC</b>					
Principal Place of Business <b>2 CHARLES STREET ST. AUGUSTINE, FL 32084</b>			Mailing Address <b>2 CHARLES STREET ST. AUGUSTINE, FL 32084</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>3670 US 1 SOUTH SUITE 290</b>			
City & State Zip      Country		City & State <b>ST. AUGUSTINE, FL</b> <b>32086</b> <b>USA</b>		4. FEI Number <b>20-3601080</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>BAILEY, JOHN D JR. 780 NORTH PONCE DE LEON BOULEVARD ST. AUGUSTINE, FL 32084</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating)      DATE _____					
<b>Filing Fee Is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR GREEN, HENRY F II POST OFFICE BOX 1568 ST. AUGUSTINE, FL 320851568</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MANAGING MEMBER STEVEN P. BINNINGER 114 HERON NEST LANE ST. AUGUSTINE, FL 32080</b>	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #