2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# L05000108090

Entity Name: OLD FLORIDA SPICE TRADERS, LLC

Current Principal Place of Business:

59 HYPOLITA ST
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

59 HYPOLITA ST
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 16-1740229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREEMAN, WILLIAM C
59 HYPOLITA STREET
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FREEMAN, WILLIAM C
Address: 59 HYPOLITA ST
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGR (X) Delete
Name: GODWIN, MELODY L
Address: 1625 LINKSIDE DRIVE N
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGR ( ) Delete
Name: ELDRIDGE, WAYNE P
Address: 5201 ATLANTIC BLVD #128
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: ELDRIDGE, WAYNE P
Address: 59 HYPOLITA STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

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: WILLIAM C FREEMAN MGR 01/15/2007

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