

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080727

Entity Name: OLD CITY WINGS LLC

FILED
Jun 01, 2007
Secretary of State

Current Principal Place of Business:

2700 USINA STREET
ST AUGUSTINE, FL 32084

New Principal Place of Business:

4010 US1
SUITE 101
ST AUGUSTINE, FL 32086

Current Mailing Address:

2700 USINA STREET
ST AUGUSTINE, FL 32084

New Mailing Address:

P.O. BOX 3152
ST AUGUSTINE, FL 32085

FEI Number: 20-5380575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CRONE, LESLIE D
2700 USINA STREET
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

CRONE, LESLIE D
2700 USINA ST
ST AUGUSTINE, FL 32084 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: _____

06/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRONE, LESLIE D
Address: 2700 USINA STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: MGR () Delete
Name: CRONE, KETSY L
Address: 2700 USINA STREET
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KETSY L CRONE

MGR

06/01/2007

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