

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039565

FILED  
Jul 15, 2008  
Secretary of State

Entity Name: ANCIENT CITY OFFICE SUITES LLC

**Current Principal Place of Business:**

1100-4 PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

1100-4 PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOOD, JONATHAN M  
1100-4 PONCE DE LEON BLVD  
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: WOOD, JONATHAN M  
Address: 1100-4 PONCE DE LEON BLVD  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: MGR ( ) Delete  
Name: WOOD, JANE M  
Address: 1100-4 PONCE DE LEON BLVD  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: MGR ( ) Delete  
Name: MCINTIRE, JO  
Address: 7265 A1A SOUTH UNIT D-1  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGR ( ) Delete  
Name: PAGLIUCA, SALLY  
Address: 7265 A1A SOUTH UNIT D-1  
City-St-Zip: ST AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

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

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

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: JONATHAN WOOD

MGR

07/15/2008

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