

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000063204

Entity Name: OLD FLORIDA MUSEUM, LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

259 SAN MARCO AVE  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 528  
ST AUGUSTINE, FL 32085

**New Mailing Address:**

FEI Number: 27-2844980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PONCE, CHARLES F JR  
25 SYLVAN DR  
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  
Name: PONCE, CHARLES F JR  
Address: 25 SYLVAN DR  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: MGR  
Name: PITZALIS, WILLIAM  
Address: 303 B ANASTASIA BLVD. #2536  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: SCTY  
Name: PONCE, KAREN  
Address: 25 SYLVAN DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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: KAREN PONCE

SCTY

04/10/2012

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