# 2007 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L00000012644**

1. Entity Name
CAROLINA CLASSIC OF NORTHEAST FLORIDA, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 4438 HERSCHEL ST.<br>JACKSONVILLE, FL 32210 | 4438 HERSCHEL ST.<br>JACKSONVILLE, FL 32210 |

## DO NOT WRITE IN THIS SPACE

FILED

07 JUL -6 AM 11: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07022007 No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 26-5808204 | Not Applicable |

5. Certificate of Status Desired ☑   **$5.00** Additional Fee Required

### 6. Name and Address of Current Registered Agent

OLSEN, ERIK J
4438 HERSCHEL ST.
JACKSONVILLE, FL 32210

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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 _____

Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE
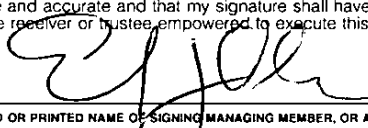
**Filing Fee is $50.00**
**Due by September 14, 2007**

### 9.                    MANAGING MEMBERS / MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | OLSEN, ERIK J |
| STREET ADDRESS | 4002 MCGIRTS BLVD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

July 02, 2007
Date

904
387-6114
Daytime Phone #