2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L0000001461 Feb 01, 2007 08:00 AM **Secretary of State** 1. Entity Name CLASS A OFFICE HOLDINGS, LLC Principal Place of Business Mailing Address 8871 SE COMPASS ISLAND WAY 770 NORTHPOINT PARKWAY WEST PALM BEACH FL 33407 JUPITER FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suito, Apt. #, etc. CR2E083 (10/06) 1st MOORE Applied For City & State City & State 4. FEI Number 36-4404970 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRIGO, ARTHUR P JR. Street Address (P.O. Box Number is Not Acceptable) 8871 SE COMPASS ISLAND WAY JUPITER FL 33458-1106 Zip Code City FL 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. (NCTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9, ☐ Change Addition A IIII ☐ Dolele **MGRM** NAME U00000617177 NAME FRIGO, ARTHUR JR SIRFL LADDRESS 02/07/07-80063-024 55.00 STREET ADDRESS 8871 SE COMPASS WAY cao si ah CITY SI-78 JUPITER FL 33458 🔲 Δ.ն.նն mu Delete HHE Change NAME NAME STREET ADDRESS SIRTE LADDRESS CITY-ST-7IP CITY-ST-ZIP IIILE Delete HILL ☐ Cliange ☐ Additti MANA STREET ADDRESS STREET ADDRESS CHY-SI-ZE CITY ST ZIP Change T Addition IIILE Delete THEF NAMI STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY SE-709 ☐ Change Aralina Aralina 11111 □ Delete IIII E NAM MAAN STREET ADDRESS STREET ADDRESS UTY-ST 7P CITY SE-21P Change Change Assiiii ☐ Detate HHI NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST 703 11. I horoby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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.

ARTHUR

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

SIGNATURE:

FILED