


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000011740 1. Entity Name CLASSIC CARS OF ST. AUGUSTINE, LLC	
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Principal Place of Business 44 AVENIDA MENENDEZ ST. AUGUSTINE, FL 32084	Mailing Address 44 AVENIDA MENENDEZ ST. AUGUSTINE, FL 32084
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3733676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ARBIZZANI, L. JOHN 44 AVENIDA MENENDEZ ST. AUGUSTINE, FL 32084

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARBIZZANI, JOHN 44 AVENIDA MENENDEZ ST AUGUSTINE, FL 32004
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE:  **4/23** **904.829-5578**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #