2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000011740

1. Entity Name
CLASSIC CARS OF ST. AUGUSTINE, LLC

Principal Place of Business	Mailing Address
44 AVENIDA MENENDEZ ST. AUGUSTINE, FL 32084	44 AVENIDA MENENDEZ ST. AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

02012006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
59-3733676		Not Applicable

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

6. Name and Address of Current Registered Agent

ARBIZZANI, L. JOHN
44 AVENIDA MENENDEZ
ST. AUGUSTINE, FL 32084

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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 May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ARBIZZANI, JOHN
STREET ADDRESS	44 AVENIDA MENENDEZ
CITY-ST-ZIP	ST AUGUSTINE, FL 32004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _John Aly_ President 3/7/06

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