

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90270 036 ****50.00

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| DOCUMENT # L02000022116 | | | |  | |
| 1. Entity Name CLASSIC CONSTRUCTION ENTERPRISES, L.L.C. | | | | | |
| Principal Place of Business 4850 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351 | | | Mailing Address 2702 N. DALE MABRY HWY TAMPA, FL 33607 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 02242004 Chg-LLC CR2E083 (10/03) | |
| Zip | | Country | | 4. FEI Number 90-0086344 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent MA, M.H. MICHAEL 4850 N UNIVERSITY DRIVE LAUDERHILL, FL 33351 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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  3/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM YANG, LI HUI 4850 N UNIVERSITY DRIVE LAUDERHILL, FL 33351 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MA, M.H. MICHAEL 4850 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MA, M.H. MICHAEL 4850 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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 608, Florida Statutes. SIGNATURE:  3/10/04 <small>SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #</small> | | | | | |