


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000027559 1. Entity Name CLASSIC BRICK PAVERS OF CENTRAL FLORIDA, LLC	
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Principal Place of Business 590 W. MAIN STREET LAKE HELEN, FL 32744	Mailing Address 590 W. MAIN STREET LAKE HELEN, FL 32744
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DO NOT WRITE IN THIS SPACE



01132004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 37-1441489	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SANDE, ALLEN C 590 W. MAIN STREET LAKE HELEN, FL 32744

**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 *Allen C. Sande* DATE 3-22-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

1000000096426
03/25/04-80029-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANDE ENTERPRISES, INC. 43315 BEAR LAKE BLVD. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBERT G. BURNS, INC. 3535 MARSH ROAD DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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)(f), 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: *Lisa Sande* DATE 3-22-04 DAYTIME PHONE # 386-228-0237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE