


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 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



01082007 No Chg-LLC

CR2E083 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 37-1441489 | Applied For Not Applicable |
| 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 |
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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 _____
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, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SANDE ENTERPRISES, INC. 980 GERYL WAY DELAND, FL 32724 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROBERT G. BURNS, INC. 3535 MARSH ROAD DELAND, FL 32724 |
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01/11/07-80058-017 50.00

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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: Allen Sande **1-8-2007** **386-228-0237**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #