

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000636

FILED
Mar 15, 2004
Secretary of State

Entity Name: CLASSIC PROPERTIES USA, LLC

Current Principal Place of Business:

2703 W. ST. ISABEL STREET
TAMPA, FL 33607

New Principal Place of Business:

1902 W. MAIN ST.
TAMPA, FL 33607

Current Mailing Address:

2703 W. ST. ISABEL STREET
TAMPA, FL 33607

New Mailing Address:

P.O. BOX 24162
TAMPA, FL 33623

FEI Number: 45-0496026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNOW, NATASHA
2703 W. ST. ISABEL STREET
TAMPA, FL 33607

Name and Address of New Registered Agent:

SNOW, NATASHA
1902 W. MAIN ST.
TAMPA, FL 33607

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.

SIGNATURE: NA-TASHA SNOW

03/15/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FABIAN, SABRINA
Address: 2703 W. ST. ISABEL STREET
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: FABIAN, DAVID
Address: 2703 W. ST. ISABEL STREET
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FABIAN, SABRINA
Address: 1902 W. MAIN ST.
City-St-Zip: TAMPA, FL 33607

Title: MGRM (X) Change () Addition
Name: FABIAN, DAVID
Address: 1902 W. MAIN ST.
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID FABIAN

MGRM

03/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date