

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011795

Entity Name: FLORIDA CLASSIC INTERIORS, LLC

FILED  
Sep 12, 2007  
Secretary of State

**Current Principal Place of Business:**

4224 SNOWBERRY LANE  
NAPLES, FL 34119

**New Principal Place of Business:**

11712 QUAIL VILLAGE WAY  
NAPLES, FL 34119

**Current Mailing Address:**

4224 SNOWBERRY LANE  
NAPLES, FL 34119

**New Mailing Address:**

11712 QUAIL VILLAGE WAY  
NAPLES, FL 34119

FEI Number: 41-2090177      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HARDIE, JOHN R  
4224 SNOWBERRY LANE  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

HARDIE, KAREN F  
11712 QUAIL VILLAGE WAY  
NAPLES, FL 34119 US

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: KAREN F. HARDIE

09/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HARDIE, JOHN R  
Address: 4224 SNOWBERRY LANE  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HARDIE, KAREN F  
Address: 11712 QUAIL VILLAGE WAY  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KAREN F. HARDIE

MGRM

09/12/2007

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