


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90032 025 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L03000021293</b>                            |  |
| 1. Entity Name<br><b>CLASSIC DESIGN &amp; SUPPLY, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>423 CLEVELAND STREET<br/>CLEARWATER FL 33755</b> | Mailing Address<br><b>423 CLEVELAND STREET<br/>CLEARWATER FL 33755</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



MOORE CR2E083 (11/03)

|  |  |  |
|--|--|--|
| 4. FEI Number<br><b>APPLIED FOR</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                       |  |  |
| 6. Name and Address of Current Registered Agent<br><b>CIANFRONE, JOSEPH R<br/>1968 BAYSHORE BOULEVARD<br/>DUNEDIN FL 34698</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>PATRICK VALTIN</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>423 CLEVELAND STREET Ste 100</b><br>City <b>CLEARWATER</b> FL Zip Code <b>33755</b> |

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.

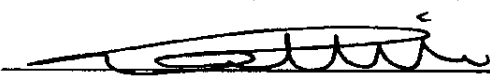
SIGNATURE  **P. VALTIN MANAGING PARTNER** DATE **4-5-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

|  |                     |
|--|---------------------|
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b> | <b>Check # 2422</b> |
|--|---------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FISCHLER, IDO<br>500 NORTH OSCEOLA AVENUE #208<br>CLEARWATER FL 33755 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>VALTIN, PATRICK<br>1617 GOLFVIEW DRIVE<br>BELLEAIR FL 33756 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>REICHEL, BERNARD K JR<br>1799 N. HIGHLAND AVENUE #187<br>CLEARWATER FL 33755 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #