2004 LIMITED LIABILITY COMPANY

SIGNATURE

Jan 12, 2004 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L03000033738** 01-12-2004 90131 034 ****50.00 SCHROEDER CLASSIC CARS, LLC Principal Place of Business Mailing Address 44000101 2831 NE 48TH STREET 2831 NE 48TH STREET LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 CR2E083 (10/03) Chg-LLC Applied For City & State City & State 4. FEI Number 56-2392923 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHROEDER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2831 NE 48TH STREET LIGHTHOUSE POINT, FL 33064 Zip Code City 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 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Addition ☐ Delete ☐ Chance SCHROEDER, RICHARD NAME NAME 2831 NE 48TH STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE _ 🔲 Delete TITLE __ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

7/04

954-785-2664

Daytime Phone #