2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# L03000036183

Entity Name: CLASSIC FIRE, LLC

Current Principal Place of Business:

4534 W. HWY 40
OCALA, FL 34482

New Principal Place of Business:

725 SW 46TH AVE
OCALA, FL 34474

Current Mailing Address:

PO BOX 4529
OCALA, FL 34478

New Mailing Address:

FEI Number: 06-1709279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMONS, GARY C ESQ
121 NW THIRD STREET
OCALA, FL 34475 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WHITE, JAMES
Address: 4534 W HWY 40
City-St-Zip: OCALA, FL 34482

Title: MGRM ( ) Delete
Name: WHITE, DANIEL
Address: 4534 W HWY 40
City-St-Zip: OCALA, FL 34482

Title: MGRM (X) Delete
Name: WEIGLE, JAMES
Address: 4534 W HWY 40
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WHITE, JAMES E
Address: 725 SW 46TH AVE
City-St-Zip: OCALA, FL 34474

Title: MGR (X) Change ( ) Addition
Name: WHITE, DANIEL B
Address: 725 SW 46TH AVE
City-St-Zip: OCALA, FL 34474

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES E. WHITE MGR 02/13/2008

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