

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031761

FILED
Mar 04, 2008
Secretary of State

Entity Name: CLASSIC FINANCIAL ENTERPRISES LLC

Current Principal Place of Business:

156 SOUTH U.S. HIGHWAY 17-92
SUITE 4
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

156 SOUTH U.S. HIGHWAY 17-92
SUITE 4
DEBARY, FL 32713 US

New Mailing Address:

FEI Number: 43-2050196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: MILLER, ROY F
Address: 6256 HEDGESPARROWS LANE
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM () Delete
Name: BUSH, DARYL L
Address: 1034 TURNER ROAD
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGR () Delete
Name: CAMPIS, ROSANNA N
Address: 398 GLEN ABBEY LANE
City-St-Zip: DEBARY, FL 32713 US

ADDITIONS/CHANGES:

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

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

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: DARYL L. BUSH

MGRM

03/04/2008

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