


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90149 036 ****50.00

DOCUMENT # L04000035654	
1. Entity Name CLASSIC CUSTOM PAINTING, LLC	

Principal Place of Business 980 VINERIDGE RUN #108 ALTAMONTE SPRINGS, FL 32714	Mailing Address 980 VINERIDGE RUN #108 ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business 622 Renaissance Pointe Suite, Apt. #, etc. # 107	3. Mailing Address 622 Renaissance Pointe Suite, Apt. #, etc. # 107
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip 32714	Country U.S.



01182005 Chg-LLC CR2E083 (10/03)

4. FEI Number 81-0650006	Applied For <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 LLOYD, SCOTT THOMAS 980 VINERIDGE RUN #108 ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name Scott Thomas Lloyd Street Address (P.O. Box Number is Not Acceptable) 622 Renaissance Pointe #107 City Altamonte Springs FL Zip Code 32714
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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 Scott T. Lloyd **Scott T. Lloyd, Manager** **8-5-05**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE Mgr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LLOYD, SCOTT THOMAS		NAME Scott Thomas	
STREET ADDRESS 980 VINERIDGE RUN #108		STREET ADDRESS 622 Renaissance Pointe #107	
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP Altamonte Springs, FL 32714	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Scott T. Lloyd **Scott T. Lloyd** **8-5-05** **(320) 439-6839**
Signature and typed or printed name of managing member, manager, or authorized representative Date Daytime Phone #