


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90421 006 ****55.00

DOCUMENT # L04000047237 1. Entity Name CLASSIC HOME MAINTENANCE LLC					
Principal Place of Business 298 LAS OLAS ROAD ST AUGUSTINE, FL 32084			Mailing Address 298 LAS OLAS ROAD ST AUGUSTINE, FL 32084		
2. Principal Place of Business 52 Point of Woods Dr.		3. Mailing Address 52 Point of Woods Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm Coast		City & State Palm Coast		4. FEI Number 20-1278939	
Zip 32164		Country US		Applied For <input type="checkbox"/> Not Applicable	
Zip 32164		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMEAD, WILBUR J III 298 LAS OLAS ROAD ST AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name Smead, Wilbur J. III Street Address (P.O. Box Number is Not Acceptable) 52 Point of Woods Dr. City Palm Coast FL Zip Code 32164		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMEAD, WILBUR J III 298 LAS OLAS ROAD ST AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Smead, Wilbur J. III 52 Point of Woods Dr. Palm Coast, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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: <i>W. J. Smead III</i>			2/24/06 (386) 437-3301		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		