


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

27. **FILED**
Mar 16, 2007 8:00 am
Secretary of State

02-28-2007 90150 049 ****55.00

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| DOCUMENT # L04000054050 1. Entity Name A&N CLASSIC PROPERTIES, L.L.C. | | | |  | |
| Principal Place of Business 5824 DEAN DAIRY ROAD ZEPHYRHILLS, FL 33542 | | | Mailing Address 5824 DEAN DAIRY ROAD ZEPHYRHILLS, FL 33542 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3785893 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEACH, NORMAN A 5824 DEAN DAIRY ROAD ZEPHYRHILLS, FL 33542 | | 7. Name and Address of New Registered Agent Name Audrey M. Leach Street Address (P.O. Box Number is Not Acceptable) 5824 Dean Dairy Rd. City Zephyrhills FL Zip Code 33542 | | | |
| 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 <u><i>Audrey M. Leach</i></u> <u><i>mgp. mbr.</i></u> DATE <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM LEACH, NORMAN A 5824 DEAN DAIRY ROAD ZEPHYRHILLS, FL 33542 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM LEACH, AUDREY M 5824 DEAN DAIRY ROAD ZEPHYRHILLS, FL 33542 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM LEACH, AUDREY M 5824 DEAN DAIRY ROAD ZEPHYRHILLS, FL 33542 | <input type="checkbox"/> Delete | | | |
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| 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: Audrey M. Leach <u><i>Audrey M. Leach</i></u> 2/26/07 813-782-7971 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> <div style="text-align: center;"><i>mgp. mbr.</i></div> | | | | | |