

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091218

Entity Name: FIRST CLASS LLC

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

675 S THOMPSON AVE
LECANTO, FL 344618663

New Principal Place of Business:

Current Mailing Address:

675 S THOMPSON AVE
LECANTO, FL 344618663

New Mailing Address:

FEI Number: 83-0414231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

DONNELLY, SUSAN E MGRM
9872 E TRYON CT
INVERNESS, FL 34450 US

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: SUSAN E DONNELLY

04/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DONNELLY, SUSAN E
Address: 675 S THOMPSON AVE
City-St-Zip: LECANTO, FL 344618663

Title: MGRM () Delete
Name: DONNELLY, RICHARD
Address: 675 S THOMPSON AVE
City-St-Zip: LECANTO, FL 344618663

Title: MGRM () Delete
Name: DONNELLY, RICHARD JR
Address: 675 S THOMPSON AVE
City-St-Zip: LECANTO, FL 344618663

Title: MGRM () Delete
Name: DONNELLY, PETER
Address: 675 S THOMPSON AVE
City-St-Zip: LECANTO, FL 344618663

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN E DONNELLY

MGRM

04/22/2005

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