

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004103

Entity Name: CLASSIC VENTURES, LLC

FILED
Jan 06, 2011
Secretary of State

Current Principal Place of Business:

505 MARY ESTHER CUTOFF
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

505 MARY ESTHER CUTOFF
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 20-4372801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEAPY, DONALD W
505 MARY ESTHER CUTOFF
FT. WALTON BEACH, FL 32548 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
Name: HEAPY, DONALD W
Address: 505 MARY ESTHER CUTOFF
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: MGRM
Name: HEAPY, BETTE J
Address: 505 MARY ESTHER CUTOFF
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: MGRM
Name: HEAPY, GARY W
Address: 505 MARY ESTHER CUTOFF
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: MGRM
Name: HEAPY, KATHLEEN M
Address: 505 MARY ESTHER CUTOFF
City-St-Zip: FT. WALTON BEACH, FL 32548

I hereby 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: KATHLEEN M. HEAPY

MGRM

01/06/2011

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