

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90018 001 ****50.00

DOCUMENT # L05000015970



1. Entity Name
SOUTHERN CLASSIC DEVELOPMENT GROUP, LLC

Principal Place of Business
**6368 OLD MAHOGANY COURT
NAPLES, FL 34109**

Mailing Address
**6368 OLD MAHOGANY COURT
NAPLES, FL 34109**

20025050



2. Principal Place of Business
6383 Old Mahogany Court
Suite, Apt. #, etc.

3. Mailing Address
6383 Old Mahogany Court
Suite, Apt. #, etc.

03212006 Chg-LLC CR2E083 (11/05)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
06-1740631

Applied For
Not Applicable

Zip
34109

Country

Zip
34109

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHEFFY, JANE YEAGER ATTY
2375 TAMiami TRAIL NORTH, SUITE #310
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Southern Classic Development, LLC
6383 Old Mahogany Court
Naples, FL 34109**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-31-06