

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043382

Entity Name: DON'S CLASSIC CARS, LLC

FILED  
Mar 19, 2008  
Secretary of State

## Current Principal Place of Business:

3650A HIGHWAY NO. 1  
MIMS, FL 32754

## New Principal Place of Business:

## Current Mailing Address:

3650A HIGHWAY NO. 1  
MIMS, FL 32754

## New Mailing Address:

3650A HIGHWAY 1  
MIMS, FL 32754

FEI Number: 87-0796007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOFTIS, DON  
3656 HIGHWAY NO. 1  
MIMS, FL 32754 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 ( ) Delete  
Name: LOFTIS, MARTHA S  
Address: 3656 HIGHWAY NO. 1  
City-St-Zip: MIMS, FL 32754

Title: MGRM ( ) Delete  
Name: LOFTIS, DONALD C  
Address: 3656 HIGHWAY NO. 1  
City-St-Zip: MIMS, FL 32754

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition  
Name: LOFTIS, DON C JR.  
Address: 950 E. MICHIGAN ST. APT. A  
City-St-Zip: ORLANDO, FL 32806 47

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARTHA S. LOFTIS

MGRM

03/19/2008

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