

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000099501

Entity Name: CLASSIC GARDENS, LLC

**FILED**  
**Feb 16, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

525 POPE AVENUE, N.W.  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

525 POPE AVENUE, N.W.  
WINTER HAVEN, FL 33881

**New Mailing Address:**

FEI Number: 59-3473121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRICE, GARY  
525 POPE AVENUE, N.W.  
WINTER HAVEN, FL 33881 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PS ( ) Change (X) Addition  
Name: KALOGRIDIS, MITCHELL DAVIS  
Address: 2110-B BOCA RATON DR., STE. 102  
City-St-Zip: AUSTIN, TX 78747

I hereby certify that the information supplied with this filing does not qualify for the 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: MITCHELL DAVIS KALOGRIDIS

PS

02/16/2006

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