

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90116 002 ****50.00

DOCUMENT # L05000121945

1. Entity Name
CLASSIC INVESTMENTS OF FLORIDA, LLC



Principal Place of Business
**205 BROOKS ST.
SUITE 201
FORT WALTON BEACH, FL 32548**

Mailing Address
**205 BROOKS ST.
SUITE 201
FORT WALTON BEACH, FL 32548**

60049949



04262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3919308

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHESSER, D. MICHAEL
1201 EGLIN PARKWAY
SHALIMAR, FL 32579**

*Kent, Michael G
205 Brooks St, Suite 201
Fort Walton Beach, FL 32548*

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MCEACHERN, CHARLES K
4460 LEGENDARY DR. SUITE 300
DESTIN, FL 32541**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KENT, MICHAEL G
205 BROOKS ST. SUITE 201
FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ABT, PETER M
4460 LEGENDARY DR. SUITE 300
DESTIN, FL 32541**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KEENOR, DON A
5 PAHO KEE LANE
DESTIN, FL 32541**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

#203

4/26/07

850-664-6000