2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000000677

1. Entity Name
H & H CLASSIC HOMES, LLC

Principal Place of Business
5210 HAYWOOD RUFFIN ROAD
ST CLOUD, FL 34771 US

Mailing Address
5210 HAYWOOD RUFFIN ROAD
ST CLOUD, FL 34771 US

DO NOT WRITE IN THIS SPACE

02252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-4028928

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HASTINGS, TODD E P
5210 HAYWOOD RUFFIN ROAD
ST CLOUD, FL 34771

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000856899
03/28/08-80030-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HASTINGS, TODD E
STREET ADDRESS	5210 HAYWOOD RUFFIN RD
CITY ST ZIP	SAINT CLOUD, FL 34771
TITLE	MGRM
NAME	HASTINGS, SHARON M
STREET ADDRESS	5210 HAYWOOD RUFFIN RD
CITY ST ZIP	SAINT CLOUD, FL 34771
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: Todd E Hastings 3-11-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #