

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028248

FILED  
Jun 25, 2009  
Secretary of State

**Entity Name:** CLASSIC INVESTMENTS OF FLORIDA MAGNOLIA, LLC

**Current Principal Place of Business:**

205 BROOKS STREET, SE  
SUITE 201  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

205 BROOKS STREET, SE  
SUITE 201  
FT. WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 20-5312871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KENT, MICHAEL G  
205 BROOKS STREET SE  
SUITE 201  
FT. WALTON BEACH, FL 32548 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: MGR ( ) Delete  
Name: MCEACHERN, CHARLES K  
Address: 4460 LEGENDARY DRIVE SUITE 300  
City-St-Zip: DESTIN, FL 32541

Title: MGR ( ) Delete  
Name: KENT, MICHAEL G  
Address: 205 BROOKS STREET SE, SUITE 201  
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: MGR ( ) Delete  
Name: ABT, PETER M  
Address: 4460 LEGENDARY DRIVE SUITE 300  
City-St-Zip: DESTIN, FL 32541

Title: MGR ( ) Delete  
Name: RITENOUR, JOHN  
Address: 2165 ALAQUA DR  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

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

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

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

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

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: MICHAEL G. KENT

MGR

06/25/2009

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