2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 22, 2007 8:00 am
Secretary of State
07-31-2007 90002 019 ****50.00

DOCUMENT # L06000035084

1. Entity Name

CLASSIC MODULAR STRUCTURES LLC

Principal Place of Business	Mailing Address
3966 HWY 17 S ZOLFO SPRINGS FL 33890	3966 HWY 17 S ZOLFO SPRINGS FL 33890

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3966 HWY 17 S	3966 HWY 17 S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zolfo Spring FL	City & State: Zolfo Spring, Fl.
Zip: 33890 Country: Hardee	Zip: 33890 Country: Hardee

4. FEI Number: 20-462 6512 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUNNINGHAM, JOHN L CPA 2130 W BRANDON BLVD 205 BRANDON FL 33511	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BOYNTON, WILLIAM 3966 HWY 17 S ZOLFO SPRINGS FL 33890	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CALZADA, ABEL 3966 HWY 17 S ZOLFO SPRINGS FL 33890	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MONTANEZ, ANGEL 3966 HWY 17 S ZOLFO SPRINGS FL 33890	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MONTANEZ, FILIBERTO 3966 HWY 17 S ZOLFO SPRINGS FL 33890	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: William Boynton 28 July 07 863-735-9830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #