2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# L06000116907

Entity Name: A CUP OF CLASS, LLC

Current Principal Place of Business:

7429 PLANTATION CLUB DR.
JACKSOVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 441225
JACKSONVILLE, FL 32222 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MIXON, ZEMORIA Y
7429 PLANTATION CLUB DR.
JACKSONVILLE, FL 32244 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: MIXON, ZEMORIA Y
Address: 7429 PLANTATION CLUB DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGRM (X) Delete
Name: MIXON, TONY V
Address: 7429 PLANTATION CLUB DR.
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

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 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: ZEMORIA MIXON MGR 04/18/2007

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