

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012978

FILED
Jan 25, 2009
Secretary of State

Entity Name: FLORIDA CLASSIC CLUSTERS, LLC

Current Principal Place of Business:

5360 LOCKHART RD
BROOKSVILLE, FL 34602

New Principal Place of Business:

Current Mailing Address:

25421 TRADEWINDS DR.
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 20-8291146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANNING-STOLZ, MARY
25421 TRADEWINDS DR.
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

STOLZ, DANIEL
25421 TRADEWINDS DR.
LAND O LAKES, FL 34639 US

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: DANIEL STOLZ

01/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MANNING, MARY
Address: 25421 TRADEWINDS DR.
City-St-Zip: LAND O LAKES, FL 34639

Title: MGR () Delete
Name: STOLZ, DANIEL
Address: 25421 TRADEWINDS DR.
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM () Delete
Name: NAPOLITANO, JOE
Address: 925 LAKE CHARLES CIR.
City-St-Zip: LUTZ, FL 33548

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:

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: DANIEL STOLZ

MGR

01/25/2009

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