

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053703

FILED
Jan 16, 2009
Secretary of State

Entity Name: CLASSIC OAKS VILLAGE MHP, LLC

Current Principal Place of Business:

C/O WOLFON & ASSOCIATES, CPAS
2801 N. UNIVERSITY DR., STE. 306
CORAL SPRINGS, FL 00065

New Principal Place of Business:

Current Mailing Address:

C/O WOLFON & ASSOCIATES, CPAS
2801 N. UNIVERSITY DR., STE. 306
CORAL SPRINGS, FL 00065

New Mailing Address:

FEI Number: 36-0211672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAMONTE, JONATHAN JAMES
12110 SEMINOLE BLVD.
LARGO, FL 33778 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: MGRM () Delete
Name: STEWART, ALEX G
Address: 12717 W. SUNRISE BLVD., #268
City-St-Zip: CORAL SPRINGS, FL 33323

Title: MGRM () Delete
Name: STEWART, HUGH
Address: 14625 BALTIMORE AVENUE
City-St-Zip: LAUREL, MD 20707

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 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: ALEX STEWART

MGRM

01/16/2009

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