

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043212

FILED
Jun 25, 2009
Secretary of State

Entity Name: CLASSIC DREAM LLC

Current Principal Place of Business:

1120 NORTSHORE DRIVE N.E.
401
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

300-2ND AVE.SE..
#15
ST. PETERSBURG, FL 33701 US

Current Mailing Address:

1120 NORTSHORE DRIVE N.E.
401
ST. PETERSBURG, FL 33701 US

New Mailing Address:

300-2ND.AVE.SE.
#15
ST. PETERSBURG, FL 33701 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHLUTER, ALVIN L
1120 NORTSHORE DRIVE N.E.
401
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

SCHLUTER, ALVIN L
300-2ND.AVE.SE.
#15
ST. PETERSBURG, FL 33701 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:

06/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHLUTER, ALVIN L
Address: 1120 NORTSHORE DRIVE N.E. #401
City-St-Zip: ST. PETERSBURG, FL 33701 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHLUTER, ALVIN L
Address: 300-2ND.AVE.SE.#15
City-St-Zip: ST. PETERSBURG, FL 33701 US

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: ALVIN L. SCHLUTER

MGRM

06/25/2009

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