

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000046330

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** CLASSIC HOMES OF JACKSONVILLE, LLC

**Current Principal Place of Business:**

10751 KAREN GALE LANE  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

10751 KAREN GALE LANE  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 26-2592658

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAWFORD, JOHN R  
1200 RIVERPLACE BLVD., SUITE 800  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

SKINNER, JOHANNA T  
10751 KAREN GALE LANE  
JACKSONVILLE, FL 32225 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:** JOHANNA T. SKINNER

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SKINNER, JOHANNA T  
**Address:** 10751 KAREN GALE LANE  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** MGRM  
**Name:** SKINNER, LEANDER A  
**Address:** 10751 KAREN GALE LANE  
**City-St-Zip:** JACKSONVILLE, FL 32225

I hereby 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:** JOHANNA T. SKINNER

MGRM

01/05/2010

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