

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051487

FILED
Jun 30, 2009
Secretary of State

Entity Name: CLASS GROUP INVESTMENTS, LLC

Current Principal Place of Business:

2204 ATLANTIC BLVD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2204 ATLANTIC BLVD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 35-2334169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOONMAKER, SHERYL
2204 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

SCHOONMAKER, CHERYL
2204 ATLANTIC BLVD
JACKSONVILLE, FL 32207 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: CHERYL SCHOONMAKER

06/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SINGLETON, MICHAEL
Address: 2223 ASTOR DR
City-St-Zip: ORANGE PARK, FL 32073

Title: MGR () Delete
Name: SCHOONMAKER, CHERYL
Address: 2204 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR () Delete
Name: CRAWFORD, CLAUDIA C
Address: 10567 SCOTT MILL RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR () Delete
Name: LOCHREN, OLIVIA
Address: 1800 THE GREENS WAY - # 2005
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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:

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: CHERYL SCHOONMAKER

MGR

06/30/2009

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