

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000051487

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** CLASS GROUP INVESTMENTS, LLC

**Current Principal Place of Business:**

2204 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

2204 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:** 35-2334169

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCHOONMAKER, CHERYL  
2204 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 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  
**Name:** SINGLETON, MICHAEL  
**Address:** 2204 ATLANTIC BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32207 US

**Title:** MGR  
**Name:** SCHOONMAKER, CHERYL  
**Address:** 2204 ATLANTIC BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32207 US

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

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

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:** MICHAEL R SINGLETON

MGRM

04/25/2011

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