

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M00000001134**

1. Entity Name  
**CLASSIC ACQUISITIONS LLC**



Principal Place of Business <b>2912 NORTH FLORIDA AVENUE          HERNANDO, FL 34442</b>	Mailing Address <b>2912 NORTH FLORIDA AVENUE          HERNANDO, FL 34442</b>
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**DO NOT WRITE IN THIS SPACE**



03182004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>31-1704983</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCOTT, THOMAS  
 2912 NORTH FLORIDA AVENUE  
 HERNANDO, FL 34442**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2004**

U00000123930  
 04/22/04-80024-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCOTT, THOMAS 2912 N. FLORIDA AVENUE HERNANDO, FL 34442
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**       **415-04 3526375665**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #