


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M00000001392</b> 1. Entity Name <b>AMERICAN CLASSIFIEDS LLC</b>	
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Principal Place of Business <b>20011 EMERALD COAST PARKWAY DESTIN, FL 32541</b>	Mailing Address <b>20011 EMERALD COAST PARKWAY DESTIN, FL 32541</b>
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**DO NOT WRITE IN THIS SPACE**



01142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>91-1982987</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301</b>
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**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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR EARLES, CHARLES E 20011 EMERALD COAST PARKWAY DESTIN, FL 32541</b>
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01/25/05-80105-005 50.00

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 606, Florida Statutes.

**SIGNATURE:**  **Charles E. Earles** 1-21-05 850-837-8820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #