2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M0100001630 1. Entity Name CLASSIC MANAGEMENT SERVICES, LLC

Principal Place of Business

363 EAST TOWN STREET COLUMBUS, OH 43215

Mailing Address

363 EAST TOWN STREET COLUMBUS, OH 43215

FILED
Jul 26, 2004 08:00 AM
Secretary of State



07072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number		Applied For
34-1960575		Not Applicable
	- \$5.0	M Additional

5. Certificate of Status Desired

\$5.00 Additions Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan lions of registered agent.	igling its registered office or registered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
	ling Fee is \$50.00 by September 8, 2004		= U00000168420 07/26/04-80013-001 50.00
9.	MANAGING MEMBERS/MANAGERS		
name Street address City-St-Zip	C DANTER, KENNETH F 31 MEADOW PARK BEXLEY, OH 43209		·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALLORY, THOMAS JR. 2010 WEST DEVON COLUMBUS, OH 43212		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOLLAND, WILLIAM III 200 HOLLIS AVE. PANAMA CITY, FL 32410	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ABORESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted empoweeled to execute this report as required by Chapter 608, Florida Statutes.			

HE MEMBER, OR AUTHORIZED REPRESENTATIVE