

M06000004335

LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) 2007

FILED

07 SEP 21 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E083B (8/05)

DOCUMENT # M06000004335	
1. Entity Name Classic Act, LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8500 Heckscher Drive Suite, Apt. #, etc.	3. Mailing Address 8500 Heckscher Drive Suite, Apt. #, etc.
City & State Jacksonville, FL Zip 32226 Country	City & State Jacksonville, FL Zip 32226 Country

4. FEI Number	☒ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name CorpDirect Agents, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue	
City Tallahassee	FL Zip Code 32301

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 _____ DATE _____
Signature typed or printed name of registered agent and date if applicable

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Atlantic Marine Holding Company 8500 Heckscher Drive Jacksonville, FL 32226	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000109979150 09/25/07--01014--022 **150.00
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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)(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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Angela H. Hry CFO 9/20/07 (904) 251-1526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dattime Phone #