


**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
FILED

97 FEB -6 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
<b>\$ 203.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company

**DOCUMENT #** M95000000240

CLASSIC AIR CONDITIONING & HEATING, L.L.C.  
L.C.  
300 SOUTH BAY ST.  
P.O. BOX 1958  
BUNNELL FL 32110

1a. Principal Place of Business Address

300 SOUTH BAY ST.  
P.O. BOX 1958  
BUNNELL FL 32110

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
08/14/1995	OK
4. FEI Number	
73-1477727	
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report	6. Certificate of Status Desired
04/29/1996	<input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent

HUTCHERSON, RICH  
300 SOUTH BAY  
BUNNELL FL 32110

8. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, etc. **900002086069--9**  
City **-02/13/97--01005--002**  
**FL** **\*\*\*203.75** **\*\*\*203.75**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

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

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HUTCHERSON, RICH	300 SOUTH BAY	BUNNELL FL
MGR	LUGGE, JIM	1999 1/2 SOUTH 59TH STREET	BELLEVILLE IL

*J. Alan*  
2/16/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-31-97 904 437-3805  
Date Daytime Phone #