


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000000584 1. Entity Name CLASSIC SMILES LLC	
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Principal Place of Business 1764 E SILVER STAR RD OCOE, FL 34761	Mailing Address 1764 E SILVER STAR RD OCOE, FL 34761
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07052005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0022681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

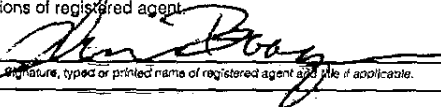
6. Name and Address of Current Registered Agent

ARNOLD, MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVE.
SUITE 201
ORLANDO, FL 32802

**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 reinstating)

7-5-2005
DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAAQEE, SUSANNE I 13246 LAKESHORE GROVE DR WINTER GARDEN, FL 347875455
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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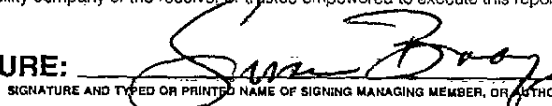
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000371652
07/08/05-80015-012 50.00

**DO NOT WRITE
IN THIS SPACE**

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-5-2005
Date

Daytime Phone #