

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036638

FILED
Apr 20, 2009
Secretary of State

Entity Name: CLASSIC TOWNHOMES OF TAMPA BAY II, LLC

Current Principal Place of Business:

6522 GUNN HWY.
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

6522 GUNN HWY.
TAMPA, FL 33625

New Mailing Address:

FEI Number: 43-2029271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLINT, SARA K
6522 GUNN HIGHWAY
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUAREZ, JACK D
Address: 6522 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33625

Title: MGRM () Delete
Name: CLARK, JIM R
Address: 6522 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33625

Title: MGRM () Delete
Name: ELLERBEE, MARK
Address: 6522 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: CUNNINGHAM, DELTON N
Address: 6522 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33625

Title: P (X) Change () Addition
Name: WALTERS, BEN
Address: 6522 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33625

Title: ST (X) Change () Addition
Name: FLINT, SARA K
Address: 6522 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SARA K FLINT

ST

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date