## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000012431

Entity Name: CLASSIC AMERICAN HOMES, L.C.

CORAL SPRINGS, FL 33071

City-St-Zip:

FILED Jan 31, 2005 Secretary of State

| Current Principal Place of Business:        |   |  | New Principal Place of Business:            |   |  |
|---|---|--|---|---|--|
|   | THWEST 110T<br>PRINGS, FL 3             |  |   |   |  |
| Current M                                   | lailing Addre                           | ss:  | New Mailing Address:                        |   |  |
|   | THWEST 110T<br>PRINGS, FL 3             |  |   |   |  |
| FEI Number                                  | : 20-0736796                            | FEI Number Applied For ( )                             | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )         |  |
| Name and                                    | d Address of (                          | Current Registered Agent:                              | Name and Address                            | Name and Address of New Registered Agent: |  |
|   | RI DAVID<br>THWEST 110T<br>PRINGS, FL 3 |  |   |   |  |
|   | e named entity<br>e of Florida.         | submits this statement for the p                       | ourpose of changing its register            | ed office or registered agent, or both    |  |
| SIGNATU                                     | RE:                                     |  |   |   |  |
| Electronic Signature of Registered Agen     |   |  | ent   | Date                                      |  |
| MANAGING MEMBERS/MEMBERS:                   |   |  | ADDITIONS/CHANGES:                          |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | FUNK, MICHAE<br>1000 SOUTHW             | ) Delete<br>EL<br>/EST 67TH AVENUE<br>ERDALE, FL 33068 | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                     |  |
| Title:<br>Name:<br>Address:                 | LASKI, ARI DA                           | ) Delete<br>VID<br>EST 110TH AVENUE                    | Title:<br>Name:<br>Address:                 | () Change () Addition                     |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: ARI LASKI MGRM 01/31/2005