2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030498

Entity Name: CLASSIQUE MORTGAGE LLC

Current Principal Place of Business:	**New Principal Place of Business:**
633 N.E. 167TH STREET, #1001 NORTH MIAMI BEACH, FL 33162	18425 NW 2 ND AVE 400 MIAMI GARDEN, FL 33169

Current Mailing Address:	**New Mailing Address:**
731 NE 170TH ST. #1001 NORTH MIAMI BEACH, FL 33162	937 NW 206 TERR MIAMI GARDENS, FL 33169

FEI Number: 22-3899325   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CASSEUS, MONIQUE 633 N.E. 167TH STREET #1001 NORTH MIAMI BEACH, FL 33162 US	CASSEUS, MONIQUE 18425 NW 2ND AVE 400 MIAMI GARDENS, FL 33169 US

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: MONIQUE CASSEUS   03/12/2006
_____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	
Name:	CASSEUS, MONIQUE	
Address:	633 N.E. 167TH STREET, #1001	
City-St-Zip:	NORTH MIAMI BEACH, FL 33162	

Title:	MGR (X) Change ( ) Addition	
Name:	CASSEUS, MONIQUE	
Address:	18425 NW 2 ND AVE #400	
City-St-Zip:	MIAMI GARDENS, FL 33169	

Title:	( ) Delete	
Name:		
Address:		
City-St-Zip:		

Title:	MS ( ) Change (X) Addition	
Name:	CASSEUS, MONIQUE	
Address:	18425 NW 2 ND AVE #400	
City-St-Zip:	MIAMI GARDENS, FL 33169	

I hereby certify that the information supplied with this filing does not qualify for the 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: MONIQUE CASSEUS   MS   03/12/2006
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date