

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047779

**FILED**  
**Jan 30, 2007**  
**Secretary of State**

**Entity Name:** CLASSIC DEVELOPMENTS OF NAPLES, L.L.C.

**Current Principal Place of Business:**

3784 BAYSHORE DRIVE  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

3784 BAYSHORE DRIVE  
NAPLES, FL 34112

**New Mailing Address:**

FEI Number: 20-1443368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSON, MICHAEL  
3784 BAYSHORE DRIVE  
NAPLES, FL 34112 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: ANDERSON, MICHAEL  
Address: 3784 BAYSHORE DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: MEM ( ) Delete  
Name: BEATON, IAIN  
Address: 79-81 MORLAND ROAD  
City-St-Zip: CROYDON SURREY, EG CRO 6HA GB

**ADDITIONS/CHANGES:**

Title: MR (X) Change ( ) Addition  
Name: ANDERSON, MICHAEL  
Address: 3784 BAYSHORE DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: MR (X) Change ( ) Addition  
Name: BEATON, IAIN  
Address: 79-81 MORLAND ROAD  
City-St-Zip: CROYDON SURREY, EG CRO 6HA GB

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: M ANDERSON

MR

01/30/2007

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