


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90051 006 ****50.00

DOCUMENT # L04000084034	
1. Entity Name CLASSIC ESTATE HOMES 2, LLC	

Principal Place of Business 7190 MALLORCA CRESCENT BOCA RATON, FL 33433	Mailing Address 7190 MALLORCA CRESCENT BOCA RATON, FL 33433
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2. Principal Place of Business - No P.O. Box # 7478 VALENCIA DE	3. Mailing Address 7478 VALENCIA DE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

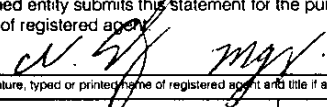
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33433	Zip 33433
Country US	Country US

60043721



04232007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent MANELLA, ROSS H ONE E BROWARD BLVD. 1010 FT LAUD, FL 33301	
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7. Name and Address of New Registered Agent Name NORMAN SMILEY Street Address (P.O. Box Number is Not Acceptable) 7478 VALENCIA DE City BOCA RATON FL Zip Code 33433	
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 	DATE 4-25-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMILEY, NEIL 3857 TURTLE RUN BLVD., #2113 CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-24-07 561-487-2255