2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000084034

1. Entity Name

CLASSIC ESTATE HOMES 2, LLC



FILED
Apr 24, 2008 08:00 AN
Secretary of State

Principal Place of Business

7478 VALENCIA DR BOCA RATON, FL 33433 Mailing Address

7478 VALENCIA DR BOCA RATON, FL 33433



DO NOT WRITE IN THIS SPACE

04032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2494194 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMILEY, NORMAN 7478 VALENCIA DR BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan- ions of registered agent.	ging its registered office or registered agent, or	both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE 1S \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME	MGR SMILEY, NEIL		
STREET ADORESS City-St-Zip	3857 TURTLE RUN BLVD., #2113 CORAL SPRINGS, FL 33067		000000918297 05/13/08-80077-002 138.75
TITLE Name			
STREET ADORESS CITY-ST-ZIP			
TITLE NAME			
STREET ADDRESS City-St-Zip		DC	NOT WRITE
TITLE NAME		IN	THIS SPACE
STREET ADDRESS CITY+ST-ZIP			
TITLE NAME			
STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

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 provided trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

JRE: W. D. Ne. | Smiles

4-21-08

561-239-2983

Date

Daytime Phone ∉