Jun 21 06 03:31p HERBERT F. POSTMA

FILED
Jul 18, 2006 8:00 am
Secretary of State
05-08-2006 90040 006 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

30012004

DOCUMENT # L05000060955

1. Entity Name
CLASSIC BUILDING & DESIGN VI, LLC

Principal Place of Business	Mailing Address
1877 ROYAL PALM WAY BOCA RATON, FL 33432	1877 ROYAL PALM WAY BOCA RATON, FL 33432

04252006 Chg-LLC CR2E083 (01/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / County	Zip / County

4. FEI Number: 20-3021364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POSTMA, HERBERT F 1877 ROYAL PALM WAY BOCA RATON, FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MEMBER → Postma Realty Investments LLC, 1877 Royal Palm Way, Boca Raton, FL 33432	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MANAGING MEMBER → Postma Realty Management, 1877 Royal Palm Way, Boca Raton, FL 33432 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: PRESIDENT → HERBERT POSTMA, 1877 ROYAL PALM WAY, BOCA RATON FL 33432 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ 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 #