Jun 21 06 03:31p HERBERT F. POSTMA

FILED
Jul 18, 2006 8:00 am
Secretary of State
05-08-2006 90038 047 ****50.00

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

30012005

DOCUMENT # L05000060961

1. Entity Name
CLASSIC BUILDING & DESIGN VII, LLC

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

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

04252006 Cng-LLC CR2E093 (11/05)

4. FEI Number 20-3021433 ☐ 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

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 MEMBER NAME Postma Realty Investments LTD STREET ADDRESS 1877 Royal Palm Way CITY-ST-ZIP Boca Raton FL 33432 ☐ Delete	☐ Change ☐ Addition
TITLE MANAGING MEMBER NAME Postma Realty Management STREET ADDRESS 1877 Royal Palm Way CITY-ST-ZIP Boca Raton, FL 33432 ☐ Delete	☐ Change ☐ Addition
TITLE PRESIDENT NAME HERBERT POSTMA STREET ADDRESS 1877 ROYAL PALM WAY CITY-ST-ZIP 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: Herbert F Postma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #