

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061658

FILED
May 03, 2006
Secretary of State

Entity Name: CLASSIC HOUSE INVESTMENTS LLC

Current Principal Place of Business:

624 CAMBRIDGE TERRACE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

624 CAMBRIDGE TERRACE
WESTON, FL 33326

New Mailing Address:

FEI Number: 81-0674213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TRENCH, GABRIELA
624 CAMBRIDGE TERRANCE
WESTON, FL 33326 US

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: TRENCH, GABRIELA
Address: 624 CAMBRIDGE TERRACE
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: TRENCH, PABLO
Address: 624 CAMBRIDGE TERRACE
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: KLEINMAN RABIN, SILVIA
Address: 4342 BEEMAN AVENUE
City-St-Zip: STUDIO CITY, CA 91604

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GABRIELA TRENCH

MGRM

05/03/2006

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