

AMENDED
2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000032745
 1. Entity Name
 AMERICAN REALTY TEAM, LLC



W/2/17/04
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 AMENDED MEAS: T
 FEB 5 PM 2:04

Principal Place of Business Mailing Address
 220 CELESTIAL WAY, UNIT 3 220 CELESTIAL WAY, UNIT 3
 JUNO BEACH, FL 33408 JUNO BEACH, FL 33408



01082004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0665704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 WHITE, II, JOHN
 1645 PALM BEACH LAKES BLVD.
 STE 1200
 WEST PALM BEACH, FL 33401

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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, 2004

900029457999
 02/26/04--01025--015 **\$50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURRY, JOHN M 220 CELESTIAL WAY, UNIT 3 JUNO BEACH, FL 334082339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Curry, Margretta 220 Celestial Way, Unit 3 Juno Beach, FL 33408
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *J M Curry* 1/3/04 781-935-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #