


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90330 010 \*\*\*\*50.00

**DOCUMENT # L03000008678**

1. Entity Name  
**AMERIDREAM MANAGEMENT, LLC**



Principal Place of Business Mailing Address  
**18310 MONTGOMERY VILLAGE AVENUE, 3RD FLOOR 18310 MONTGOMERY VILLAGE AVENUE, 3RD FLOOR**  
**GAITHERSBURG, MD 20879 GAITHERSBURG, MD 20879**

**34005166**



2. Principal Place of Business		3. Mailing Address		03312004 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>52-2145694</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>BAND, GREGORY S</b> <b>1680 FRUITVILLE ROAD, SUITE 102</b> <b>SARASOTA, FL 34236</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASHBURN, ANN		NAME		
STREET ADDRESS	11658 WOODLEA		STREET ADDRESS		
CITY-ST-ZIP	WAYNESBORO, PA 17268		CITY-ST-ZIP		
TITLE	VS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWMAN, ROBERT		NAME		
STREET ADDRESS	3735 17TH PLACE, N.E.		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20018		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER-PEREZ, CAROL		NAME		
STREET ADDRESS	4007 WINDWARD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MAOUNT AIRY, MD 21771		CITY-ST-ZIP		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARMODY, THOMAS H		NAME		
STREET ADDRESS	8 SUMMIT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HULL, MA 02045		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITCHFIELD, MICHAEL A		NAME		
STREET ADDRESS	3316 TUDOR COURT		STREET ADDRESS		
CITY-ST-ZIP	ADAMSTOWN, MD 21710		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COTTON, THOMASENIA		NAME		
STREET ADDRESS	1415 N. BROAD STREET		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 191223323		CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Carol Parker *CFD* Date: 4/27/04 Daytime Phone #: 301 9875163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE