


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-13-2004 90330 011 ****50.00

DOCUMENT # L03000008684					
1. Entity Name AMERIDREAM LEHIGH ACRES I, LLC					
Principal Place of Business 18310 MONTGOMERY VILLAGE AVENUE, 3RD FLOOR GAITHERSBURG, MD 20879			Mailing Address 18310 MONTGOMERY VILLAGE AVENUE, 3RD FLOOR GAITHERSBURG, MD 20879		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number: 52-2145694	
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		
BAND, GREGORY S 1680 FRUITVILLE ROAD, SUITE 102 SARASOTA, FL 34236			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State: 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE	P	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ASHBURN, ANN			NAME	
STREET ADDRESS	11658 WOODLEA			STREET ADDRESS	
CITY-ST-ZIP	WAYNESBORO, PA 17268			CITY-ST-ZIP	
TITLE	VS	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NEWMAN, ROBERT			NAME	
STREET ADDRESS	3735 17TH PLACE, N.E.			STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20018			CITY-ST-ZIP	
TITLE	T	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PARKER-PEREZ, CAROL			NAME	
STREET ADDRESS	4007 WINDWARD DRIVE			STREET ADDRESS	
CITY-ST-ZIP	MAOUNT AIRY, MD 21771			CITY-ST-ZIP	
TITLE	CD	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CARMODY, THOMAS H			NAME	
STREET ADDRESS	8 SUMMIT AVENUE			STREET ADDRESS	
CITY-ST-ZIP	HULL, MA 02045			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	LITCHFIELD, MICHAEL A			NAME	
STREET ADDRESS	3316 TUDOR COURT			STREET ADDRESS	
CITY-ST-ZIP	ADAMSTOWN, MD 21710			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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)(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: <u>Chris Parker</u> CFO				Date: <u>4/27/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: <u>3019875163</u>	

34005167



03312004 Chg-LLC CR2E083 (10/03)

Applied For Not Applicable

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



Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	State: FL Zip Code

Make check payable to Florida Department of State

SIGNATURE: Chris Parker CFO Date: 4/27/04 Daytime Phone #: 3019875163