## 2005 LIMITED LIABILITY COMPANY, ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000028072

1. Entity Name
AMERICAN REALTY CAPITAL LLC



Principal Place of Business

CITY ST ZIP

Mailing Address

2665 S. BAYSHORE DRIVE, SUITE 200 MIAMI, FL 33133

2665 S. BAYSHORE DRIVE, SUITE 200 MIAMI, FL 33133

## FILED Apr 21, 2005 08:00 AM Secretary of State



04052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-0091221

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'NAGHTEN, JUAN T 2665 S. BAYSHORE DRIVE, SUITE 200 MIAMI, FL 33133

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MIAMI, FL	33133	IN THIS SPACE
	named entity submits this statement for the purpose of changing its registere ions of registered agent	d office or registered agent, or both, in the State of Florida I am familiar with, and accept -
SIGNATURE.	Signature types or printed name of registered agent and title if applicable (NOTE Registered	d Agent signalure requirer when reinstating) DATE
Fi Di	iling Fee is \$50.00 ue by May 1, 2005	
9.	MANAGING MEMBERS/MANAGERS	110000022222
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGRM DELGADO, ROLANDO 2665 S. BAYSHORE DRIVE, SUITE 200 MIAMI, FL 33133	U00000322122 04/21/05-80105-023 50.00
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGRM O'NAGHTEN, JUAN T 2665 S. BAYSHORE DRIVE, SUITE 200 MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

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 fimilted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

4/18/05

Daytime Phone #