02/23/2007 09:37 FAX 352 3316857 CC ACCOUNTING

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Mar 05, 2007 8:00 am
Secretary of State
03-05-2007 90282 001 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000017743

1. Entity Name
AMERIHOMES DEVELOPMENT, L.L.C.

20005650

Principal Place of Business	Mailing Address
709 NW 84TH STREET GAINESVILLE, FL 32607 US	709 NW 84TH STREET GAINESVILLE, FL 32607 US

02222007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6910 W University Ave	SAme
Suite, Apt. #, etc. Suite #2	Suite, Apt. #, etc.
City & State Gainesville FL.	City & State
Zip 32607 Country	Zip Country

4. FEI Number 65-1151425 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUEVAS, ANDREW ESQ. 536 BILTMORE WAY CORAL GABLES, FL 33134	Name Carmen Cuenca (CC Accounting Co) Street Address (P.O. Box Number is Not Acceptable) 6910 W University Ave Suite #2 City Gainesville FL Zip Code 32607.

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 X [signature] 2/23/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBARRACIN REVILLA, JOSE ALBERTO 709 NW 84TH STREET GAINESVILLE, FL 32607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBARRACIN REVILLA JOSE ALBERTO 6910 W. UNIVERSITY SUITE #2 GAINESVILLE, FL, 32607.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X [signature] 02/27/07 (352)331-7841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #