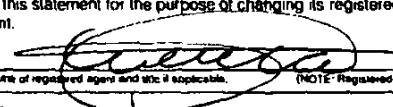
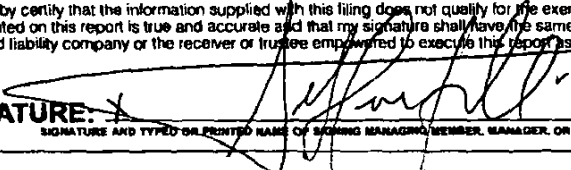


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90282 001 ****50.00

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DOCUMENT # L01000017743			
1. Entity Name AMERIHOMES DEVELOPMENT, L.L.C.			
Principal Place of Business 709 NW 84TH STREET GAINESVILLE, FL 32607 US		Mailing Address 709 NW 84TH STREET GAINESVILLE, FL 32607 US	
2. Principal Place of Business - No P.O. Box # 6910 W University Ave		3. Mailing Address 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		02222007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CUEVAS, ANDREW ESQ. 536 BILTMORE WAY CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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  Signature, typed or printed name of registered agent and etc if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 2/23/07	
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 02/27/07 Daytime Phone # (352) 331-7841	