

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006565

FILED
Apr 27, 2005
Secretary of State

Entity Name: AMERICAN DREAM CUSTOM HOMES, L.C.

Current Principal Place of Business:

16404 N.W. 174TH DRIVE
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

PO BOX 1980
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 71-0875073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWNEY, KEVIN I
2830 NW 41 STREET
UNIT D
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MCCLEERY, LAWRENCE P
Address: 21824 HWY 129
City-St-Zip: OBRIEN, FL 32071

Title: MGRM () Delete
Name: JAMES, FRANK
Address: 16206 NW CR 231
City-St-Zip: GAINESVILLE, FL 32609

Title: MGR () Delete
Name: DOUNSON, GARY G
Address: 2520 NW 38 DRIVE
City-St-Zip: GAINESVILLE, FL 32605 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LAWRENCE P. MCCLEERY

MGMR

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date