

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90007 027 ****75.00

DOCUMENT # L02000006565 1. Entity Name AMERICAN DREAM CUSTOM HOMES, L.C.					
Principal Place of Business 16404 N.W. 174TH DRIVE ALACHUA, FL 32615			Mailing Address PO BOX 1980 ALACHUA, FL 32616		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 71-0875073					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent DOWNEY, KEVIN I 2830 NW 41 STREET UNIT D GAINESVILLE, FL 32606					
7. Name and Address of New Registered Agent Name: <u>Billie Jean McCleery</u> Street Address (P.O. Box Number is Not Acceptable): <u>16404 N.W. 174th Dr.</u> City: <u>Alachua</u> <u>FL</u> Zip Code: <u>32616</u>					
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: <u>B.J. McCleery</u> DATE: <u>2/22/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAMES, FRANK 16206 NW CR 231 GAINESVILLE, FL 32609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Billie Jean McCleery 16404 N.W. 174th Dr. Alachua, FL 32616	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUNSON, GARY G 2520 NW 38 DRIVE GAINESVILLE, FL 32605			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>B.J. McCleery</u>			DATE: <u>2/22/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		