
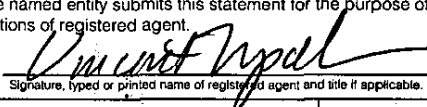
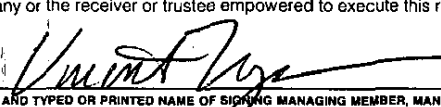


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90012 023 ****50.00

DOCUMENT # L03000007619 1. Entity Name AMERICAN RESIDENTIAL PROPERTIES LLC					
Principal Place of Business 2277 TRADE CENTER WAY, SUITE 101 NAPLES, FL 34109			Mailing Address 2277 TRADE CENTER WAY, SUITE 101 NAPLES, FL 34109		
2. Principal Place of Business 24850 Old 41 Rd Suite, Apt. #, etc. Suite 23 City & State Bonita Springs, FL Zip 34135		3. Mailing Address 24850 Old 41 Rd. Suite, Apt. #, etc. Suite 23 City & State Bonita Springs, FL Zip 34135			
07062004 Chg-LLC CR2E083 (10/03)		4. FEI Number 42-1578920		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent NAPOLEON, VINCENT 2277 TRADE CENTER WAY, SUITE 101 NAPLES, FL 34109			
7. Name and Address of New Registered Agent Name Napoleon, Vincent Street Address (P.O. Box Number is Not Acceptable) 24850 Old 41 Rd Suite 23 City Bonita Springs FL Zip Code 34135		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  (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAPOLEON, VINCENT 2277 TRADE CENTER WAY, SUITE 101 NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Napoleon, Vincent 24850 Old 41 Rd. Ste 23 Bonita Springs, FL 34135
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIORDAN, TERESA J 1115 RIVERSIDE DRIVE SALISBURY, MD 21801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			7-6-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		