

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000007619

1. Entity Name
AMERICAN RESIDENTIAL PROPERTIES LLC



Principal Place of Business
24850 OLD 41 RD SUITE 23
BONITA SPRINGS, FL 34135

Mailing Address
24850 OLD 41 RD SUITE 23
BONITA SPRINGS, FL 34135



03252005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1578920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAPOLEON, VINCENT
24850 OLD 41 RD SUITE 23
BONITA SPRINGS, FL 34135

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000326308

04/23/05-80051-015 \$0.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
NAPOLEON, VINCENT
24850 OLD 41 RD. STE 23
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
RIORDAN, TERESA J
1115 RIVERSIDE DRIVE
SALISBURY, MD 21801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Vincent Napoleon

4-19-05

239-949-9520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Telephone