

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

04-13-2004 90330 010 ****50.00

DOCUMENT # L03000008678

1. Entity Name
AMERIDREAM MANAGEMENT, LLC



Principal Place of Business Mailing Address
18310 MONTGOMERY VILLAGE AVENUE, 3RD FLOOR 18310 MONTGOMERY VILLAGE AVENUE, 3RD FLOOR
GAITHERSBURG, MD 20879 GAITHERSBURG, MD 20879

34005166



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number **52-2145694**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAND, GREGORY S
1680 FRUITVILLE ROAD, SUITE 102
SARASOTA, FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME ASHBURN, ANN
STREET ADDRESS 11658 WOODLEA
CITY-ST-ZIP WAYNESBORO, PA 17268

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME NEWMAN, ROBERT
STREET ADDRESS 3735 17TH PLACE, N.E.
CITY-ST-ZIP WASHINGTON, DC 20018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME PARKER-PEREZ, CAROL
STREET ADDRESS 4007 WINDWARD DRIVE
CITY-ST-ZIP MOUNT AIRY, MD 21771

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME CARMODY, THOMAS H
STREET ADDRESS 8 SUMMIT AVENUE
CITY-ST-ZIP HULL, MA 02045

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LITCHFIELD, MICHAEL A
STREET ADDRESS 3316 TUDOR COURT
CITY-ST-ZIP ADAMSTOWN, MD 21710

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COTTON, THOMASENIA
STREET ADDRESS 1415 N. BROAD STREET
CITY-ST-ZIP PHILADELPHIA, PA 191223323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carol Parker C.F.D.

4/27/04

301 9875163

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

Date

Daytime Phone #