


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90019 018 ****50.00

DOCUMENT # L03000008678					
1. Entity Name AMERIDREAM MANAGEMENT, LLC					
Principal Place of Business 18310 MONTGOMERY VILLAGE AVENUE 3RD FLOOR GAITHERSBURG, MD 20879			Mailing Address 18310 MONTGOMERY VILLAGE AVENUE 3RD FLOOR GAITHERSBURG, MD 20879		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-2145694	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BAND, GREGORY S 1680 FRUITVILLE ROAD, SUITE 102 SARASOTA, FL 34236				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASHBURN, ANN 11658 WOODLEA WAYNESBORO, PA 17268 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Wilson 18310 Montgomery Village ave, 3rd Fl. Gaithersburg, Maryland 20979 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NEWMAN, ROBERT 3735 17TH PLACE, N.E. WASHINGTON, DC 20018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Willie Gault 18310 Montgomery Village Ave, 3rd Fl. Gaithersburg, Maryland 20879 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER-PEREZ, CAROL 4007 WINDWARD DRIVE MOUNT AIRY, MD 21771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark Stiles 18310 Montgomery Village Ave., 3rd Fl Gaithersburg, Maryland 20879 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CARMODY, THOMAS H 8 SUMMIT AVENUE HULL, MA 02045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITCHFIELD, MICHAEL A 3316 TUDOR COURT ADAMSTOWN, MD 21710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTON, THOMASENIA 1415 N. BROAD STREET PHILADELPHIA, PA 191223323 <input type="checkbox"/> Delete	TITLE 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: <u>Ann Ashburn</u> Ann Ashburn April 19, 2005 (301)977-9133					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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