


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90141 030 \*\*\*\*50.00

**DOCUMENT # L03000016532**

1. Entity Name  
**AMERICAN REALTY HOMES, LLC.**



Principal Place of Business  
**1908 OSCEOLA PKWY**  
**KISSIMMEE, FL 34743 US**

Mailing Address  
**1908 OSCEOLA PKWY**  
**KISSIMMEE, FL 34743 US**

34009614



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

07132004 Chg-LLC CR2E083 (10/03)

4. FEI Number **48-0551799** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**HENRIQUES, GREGORIO H**  
**13243 SOBRADO DR**  
**ORLANDO, FL 32837**

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  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
 Due by September 8, 2004

Make check payable to  
**Florida Department of State**

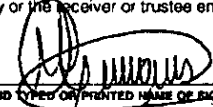
9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRIQUES, GREGORIO H 13243 SOBRADO DR KISSIMMEE, FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  **Gregorio H. HENRIQUES** 7-13-04 707-344-4475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #