

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036812

Entity Name: AMERIHOMES PROPERTIES, LLC

FILED
Mar 09, 2006
Secretary of State

Current Principal Place of Business:

600 NE 36TH ST., STE. 406
MIAMI, FL 33137

New Principal Place of Business:

1691 N.W., 93RD TERRACE
PLANTATION, FL 33322

Current Mailing Address:

10725 CLEARY BLVD.,
SUITE 102
PLANTATION, FL 33324

New Mailing Address:

1691 N.W., 93RD TERRACE
PLANTATION, FL 33322

FEI Number: 20-0319420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMEVISANET, LC
600 NE 36TH ST., STE. C4-D
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TABORDA, OSWALDO
Address: P.O. BOX 626
City-St-Zip: NORCROSS, GA 30091

Title: MGRM () Delete
Name: AMERIHOMES PROPERTIE, S LLC
Address: P.O. BOX 626
City-St-Zip: NORCROSS, GA 30091

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: CEBALLOS, AUDREY R
Address: 1691 N.W., 93RD TERRACE
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AUDREY CEBALLOS

MGRM

03/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date