


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 21, 2004 8:00 am**  
**Secretary of State**

09-21-2004 90040 003 \*\*\*\*55.00

<b>DOCUMENT # L03000053955</b>	
1. Entity Name AMERICAN HOME LOAN CENTER, L.L.C.	

Principal Place of Business C/O WILLIAM C. BERRY 4310 SOUTH FLORIDA AVENUE LAKELAND, FL 33813	Mailing Address C/O WILLIAM C. BERRY 4310 SOUTH FLORIDA AVENUE LAKELAND, FL 33813
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24085816



2. Principal Place of Business 4310 S Florida Ave Suite, Apt. #, etc.	3. Mailing Address 4310 S Florida Ave Suite, Apt. #, etc.
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09172004 Chg-LLC CR2E083 (10/03)

City & State Lakeland, FL	City & State Lakeland, FL
Zip 33813	Country Poik

4. FEI Number 43-2038777	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  BERRY, WILLIAM C 4310 SOUTH FLORIDA AVENUE LAKELAND, FL 33813	
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7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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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 William C Berry DATE 9/17/04  
(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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR William C Berry 4310 S Florida Ave Lakeland, FL 33813 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <u>William C Berry</u>	Date <u>9/17/04</u>	Daytime Phone # <u>800-808-0100</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		