




**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90027 018 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

DOCUMENT # L0400008385			
1. Entity Name AMERICAN HOME INVESTORS, LLC			
Principal Place of Business 14503 DEHAVEN AVE BROOKSVILLE, FL 34613		Mailing Address 14503 DEHAVEN AVE BROOKSVILLE, FL 34613	
2. Principal Place of Business 11077 BAYWIND CT. Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 3847 Suite, Apt. #, etc.	
City & State Weeki Wachee, FL		City & State Spring Hill, FL	
Zip 34613		Zip 34611	
Country USA		Country USA	
4. FEI Number 20-0614382		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRETTE, KARYL 14503 DEHAVEN AVE BROOKSVILLE, FL 34613		7. Name and Address of New Registered Agent Name STEVE A. WILKINS Street Address (P.O. Box Number is Not Acceptable) 11077 BAYWIND CT. City Weeki Wachee FL Zip Code 34613	
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 3/23/05	
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 MGR	WILKINS, STEVE A <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	11077 BAYWIND COURT
STREET ADDRESS 400 KINGS POINT DRIVE #017	<del>SUNNY ISLES, FL 33160</del>	STREET ADDRESS Weeki Wachee, FL	34613
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Member ROSE MARIE D. PICKART
STREET ADDRESS		STREET ADDRESS 11077 BAYWIND COURT	Weeki Wachee, FL 34613
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Member JANE L. LONG
STREET ADDRESS		STREET ADDRESS 11077 BAYWIND COURT	Weeki Wachee, FL 34613
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Member Joyce M. Haughey
STREET ADDRESS		STREET ADDRESS 44 SUNSET	Springfield, OH
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Member KARYL L. GARRETTE
STREET ADDRESS		STREET ADDRESS 14503 DEHAVEN AVE	Brooksville, FL 34609
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		DATE 3/23/05 352-592-7160	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	