2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 25, 2005 8:00 am Secretary of State 05-02-2005 90374 028 ****50.00

DOCUMENT # L0400009103 1. Entity Name AMERICAN DREAM HOME TITLE, LLC						05-02-2005		28 ****.	50.00
Principal Place of Busines 3401 WEST CYPRESS ST TAMPA, FL 33607	Mailing Address 3401 WEST CYPRESS ST TAMPA, FL 33607			30007436					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005	Chg-LLC	CR2E083	(10/03)		
City & State		City & State			4. FEI Numb	oet .			plied For Applicable
Zip	Country	Zip Count		lry .	1	of Status Desired	ed S5.00 Additional Fee Required		
6. Name	and Address of Current I	Registered Agent		Nome 1	7. Name an	d Address of New Ri		ent	
ROBBINS, MICHAE	T H			Name Har	0)d E	Hickma	<u>n</u> _		
	& KENDRICK, LLP					per is Not Acceptable) C+		_
101 E KENNEDY BI	LVD, STE 2800			3401	w	upress_	<u> </u>		
TAMPA, FL 33602				City			FI	Zip Code	
8 The above named enti	ty submits this statement for	the purpose of changing its	renister	Tam		oth in the State of Flo			607
the obligations of regis			- agrotor		noo agam, or or				2.2 uss.p.
SIGNATURE		vd_							
Signature type	d or printed name of registered agent s	nd little if applicable. (NOTE	Registered	d Agent signature require	d when remaining)		DATE		
Filing Foe is \$50.00 Oue by May 1, 2005							check pays Department		,
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9.	MANAGING MEMBE	RS/MANAGERS	10.		<u>, , , , , , , , , , , , , , , , , , , </u>	ADDITIONS/	CHANGES		
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2005 LIMITED LIABILITY COMPANY

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DOCUME!	VT # L04000008							
AMERICAN DREAM HOME TITLE, LLC					DR.		. •	
Principal Place of Bu	siness	Mailing Address			-	^		
3401 WEST CYPRES	3401 WEST CYPRESS ST			3000	YTU	2(
TAMPA, FL 33607		TAMPA, FL 33607)	<i>)</i>	
2. Principal Place of	Business	3. Mailing Address						
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.			04262005 Chg-LLC	CR2E0	33 (10/03)	
·		City & State			4. FEI Number		<u> </u>	ed For opplicable
Zip			Coun	try	5. Certificate of Status Des		\$5.00 Addition	onal
. 6. <u>r</u>	lame and Address of Current	Registered Agent		Name	7. Name and Address of Ne	w Registered A	gent	
ROBBINS, MICH	AEL H			На	rold E Hickm			
	OP & KENDRICK, LLP			Street Address	(P.O. Box Number is Not Accept	aptable)		
TAMPA, FL 336	Y BLVD, STE 2800 .02			2101	W Cypress 5	7		
	·-			City Tam	Pa	FL	Zip Code	
8. The above named	entity submits this statement for	r the purpose of changing its i	registere	ed office or regist	ered agent, or both, in the State of	f Florida. I am f	amiliar with, an	d accept
the obligations of	egistered agent				21/2	. /_		
SIGNATURE	, types of printed name of registered agent	and little if applicable. (NOTE:	Registered	d Agent signature requir	red when reinstating)	9 /0.3 DATE		
				-		/	-	
	ee is \$50.00 May 1, 2005				1	Make check pa rida Departme	•	
9.	MANAGING MEMBE		10.			NS/CHANGES		
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