

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 25, 2005 8:00 am
Secretary of State

05-02-2005 90374 028 ****50.00


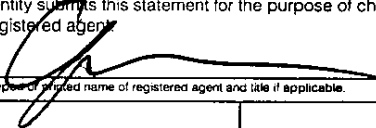
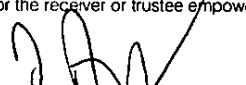
DOCUMENT # L04000009103 1. Entity Name AMERICAN DREAM HOME TITLE, LLC					
Principal Place of Business 3401 WEST CYPRESS ST TAMPA, FL 33607			Mailing Address 3401 WEST CYPRESS ST TAMPA, FL 33607		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number			Applied For <input checked="" 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 ROBBINS, MICHAEL H SHUMAKER, LOOP & KENDRICK, LLP 101 E KENNEDY BLVD, STE 2800 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name <u>Harold E Hickman</u> Street Address (P.O. Box Number is Not Acceptable) <u>3401 W Cypress St</u> City <u>Tampa</u> FL Zip Code <u>33607</u>		
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 <u>See attached</u> DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete STEWART TITLE OF TAMPA 3401 W. Cypress, #101 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>McMir</u>	
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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>4/29/05</u> <small>Date Daytime Phone #</small>		

30007436



04282005 Chg-LLC CR2E083 (10/03)

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City & State		City & State		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
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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 checked="" type="checkbox"/> Addition	MGRM Florida Land Title Co 3401 W Cypress St Tampa FL 33607	
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