


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90043 007 ****50.00

DOCUMENT # L04000009422			
1. Entity Name AMERICAN INDIAN REAL ESTATE DEVELOPMENT, LLC			
Principal Place of Business 9900 WEST SAMPLE ROAD SUITE 300 CORAL SPRINGS, FL 33065		Mailing Address 9900 WEST SAMPLE ROAD SUITE 300 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 6765 S.W. 39th COURT		3. Mailing Address 6765 S.W. 39th COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVIE, FL.		City & State DAVIE, FL.	
Zip 33314	Country USA	Zip 33314	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name STARLETT KLINE	
		Street Address (P.O. Box Number is Not Acceptable)	
		3200 PORT ROYALE DR. N. #704	
		City FT. LAUDERDALE FL Zip Code 33308	
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 Starlett Kline		DATE 4-18-05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	MGRM MADDEN, MICHAEL 9900 WEST SAMPLE ROAD, SUITE 300 CORAL SPRINGS, FL 33065 <input checked="" 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	MGRM SYDORKO, PHILIP 9900 WEST SAMPLE ROAD, SUITE 300 CORAL SPRINGS, FL 33065 <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	6765 S.W. 39th COURT DAVIE, FL. 33314 <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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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

Philip Sydorko
PHILIP SYDORKO

4-20-05
Date

9543168485
P.A.M. ID