

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90049 009 \*\*\*\*50.00

<b>DOCUMENT # L04000055915</b>					
<b>1. Entity Name</b> AMERICAN REAL ESTATE LLC					
<b>Principal Place of Business</b> 9003 SILVERTHORN ROAD LARGO, FL 33777			<b>Mailing Address</b> 9003 SILVERTHORN ROAD LARGO, FL 33777		
<b>2. Principal Place of Business</b> 9003 SILVERTHORN RD		<b>3. Mailing Address</b> 9003 SILVERTHORN RD			
Suite, Apt. #, etc. RD		Suite, Apt. #, etc. RD		01202005    Chg-LLC    CR2E083 (10/03)	
<b>City &amp; State</b> LARGO, FL		<b>City &amp; State</b> LARGO		<b>4. FEI Number</b> 20-1423661	
<b>Zip</b> 33777		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SHAN SHIKARPURI & ASSOCIATES, P.A. 33920 U.S. HIGHWAY 19 N. SUITE 290 PALM HARBOR, FL 34684			<b>7. Name and Address of New Registered Agent</b> Name: RANJANA AGRAWAL Street Address (P.O. Box Number is Not Acceptable): 9003 SILVERTHORN RD City: LARGO    FL    Zip Code: 33777		
<b>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.</b>					
SIGNATURE:     DATE: 1/31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AGRAWAL, RANJANA 9003 SILVERTHORN ROAD LARGO, FL 33777		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	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b>			Date: 1/31/05    Daytime Phone #: (727) 528-4900		
RANJANA AGRAWAL					