

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091194

FILED
Jul 28, 2006
Secretary of State

Entity Name: AMERICAN REAL ESTATE AND MORTGAGE LLC

Current Principal Place of Business:

520 SW 4TH AVE
A
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

3624 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

P O BOX 460591
FT. LAUDERDALE, FL 33346 US

New Mailing Address:

P O BOX 1292
MARION, IN 46952 US

FEI Number: 41-2160489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FANSLER, JOSEPH A
520 SW 4TH AVE
A
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

FANSLER, JOSEPH A
3624 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH, FL 32250 US

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.

SIGNATURE: JOSEPH A FANSLER

07/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FANSLER, JOSEPH A
Address: 520 SW 4TH AVE #A
City-St-Zip: FT. LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FANSLER, JOSEPH A
Address: 3624 OCEAN DRIVE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH A FANSLER

MANG

07/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date