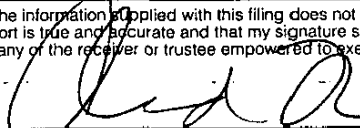


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90135 040 ****50.00

DOCUMENT # L05000014697 1. Entity Name AMERICAN HOMESITES, LLC					
Principal Place of Business 680 OSCEOLA AVE WINTER PARK, FL 32789			Mailing Address 680 OSCEOLA AVE WINTER PARK, FL 32789		
2. Principal Place of Business 325 S. Orlando Ave. Suite, Apt. #, etc. Bldg. 1 Suite 4 City & State Winter Park, FL Zip 32789		3. Mailing Address 325 S. Orlando Ave. Suite, Apt. #, etc. Bldg. 1 Suite 4 City & State Winter Park, FL Zip 32789			
Country US		Country US		01052006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 56-2500538				<input type="checkbox"/> Applied For <input 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 KROT, ALEXANDRA 680 OSCEOLA AVE WINTER PARK, FL 32789	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, AARON C 680 OSCEOLA AVE WINTER PARK, FL 32789			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA VACANT LOT COMPANY, LLC 680 OSCEOLA AVE WINTER PARK, FL 32789			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA VACANT LOT COMPANY, LLC 680 OSCEOLA AVE WINTER PARK, FL 32789			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA VACANT LOT COMPANY, LLC 680 OSCEOLA AVE WINTER PARK, FL 32789			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA VACANT LOT COMPANY, LLC 680 OSCEOLA AVE WINTER PARK, FL 32789			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA VACANT LOT COMPANY, LLC 680 OSCEOLA AVE WINTER PARK, FL 32789			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA VACANT LOT COMPANY, LLC 680 OSCEOLA AVE WINTER PARK, FL 32789			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA VACANT LOT COMPANY, LLC 680 OSCEOLA AVE WINTER PARK, FL 32789			<input type="checkbox"/> Delete	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					