

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000083525

**FILED**  
**May 01, 2007**  
**Secretary of State**

**Entity Name:** AMERICAN REAL ESTATE VENTURES, LLC

**Current Principal Place of Business:**

800 S NOVA RD  
SUITE R  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

1870 MASON AVE  
DAYTONA BEACH, FL 32117

**Current Mailing Address:**

800 S NOVA RD  
SUITE R  
ORMOND BEACH, FL 32174

**New Mailing Address:**

PO BOX 9425  
DAYTONA BEACH, FL 32120

**FEI Number:** 20-3411649      **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:**

LOEBEL, TOMAS E  
800 S NOVA RD  
SUITE R  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

LOEBEL, TOMAS E  
1870 MASON AVE  
DAYTONA BEACH, FL 32117 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: TOMAS E LOEBEL

05/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOEBEL, TOMAS E  
Address: 864 JOHN ANDERSON DR  
City-St-Zip: ORMOND BEACH, FL 32176

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TOMAS LOEBEL

MGRM

05/01/2007

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