

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000120744

**FILED**  
**Nov 27, 2006**  
**Secretary of State**

**Entity Name:** AMERICAN DREAMS LENDERS GROUP, L.L.C.

**Current Principal Place of Business:**

1236 S.W. 154 AVE.  
MIAMI, FL 33194

**New Principal Place of Business:**

9471 WEST FLAGLER STREET  
MIAMI, FL 33174

**Current Mailing Address:**

1236 S.W. 154 AVE.  
MIAMI, FL 33194

**New Mailing Address:**

**FEI Number:** 20-4724281      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PELLES, RAMON V  
1236 S.W. 154 AVE.  
MIAMI, FL 33194      US

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

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: RAMON PELLES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PELLES, RAMON V  
Address: 1236 S.W. 154 AVE  
City-St-Zip: MIAMI, FL 33194

Title: MGRM      ( ) Delete  
Name: RAMIREZ, JUANA M  
Address: 1236 S.W. 154 AVE.  
City-St-Zip: MIAMI, FL 33194

**ADDITIONS/CHANGES:**

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

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

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: RAMON PELLES

MGRM

11/27/2006

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