

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90026 008 \*\*\*138.75

<b>DOCUMENT # L06000119126</b> 1. Entity Name AMERICA'S HOME & TRUST, LLC			
Principal Place of Business 14863 W 65TH TERRACE / 1700 SW 57th Ave MIAMI, FL 33193 Suite 210		Mailing Address 8517 PINAPORE DRIVE / 1700 SW 57th Ave #210 NEW PORT RICHEY, FL 34653 Miami FL 33155	
2. Principal Place of Business - No P.O. Box # 1700 SW 57th Ave #210 Suite, Apt. #, etc. City & State Miami FL 33155 Zip Country USA		3. Mailing Address 1700 SW 57th Ave #210 Suite, Apt. #, etc. City & State Miami FL 33155 Zip Country USA	
4. FEI Number 56-2629317		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04232008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent PEREA, STEFAN 14863 SW 65TH TERRACE MIAMI, FL 33193 1700 SW 57th Ave #210 Miami FL 33155		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREA, STEFAN 14863 SW 65TH TERRACE MIAMI, FL 33193 1700 SW 57th Ave #210, Miami FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:		Date: 4/23/08 286-1463-2480	