

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90571 022 ****50.00

DOCUMENT # M02000000403

1. Entity Name

AMERICAN RESIDENTIAL EQUITIES XXV, LLC



Principal Place of Business

**999 BRICKELL AVENUE, SUITE 703
MIAMI FL 33131**

Mailing Address

**999 BRICKELL AVENUE, SUITE 703
MIAMI FL 33131**

2. Principal Place of Business

**1001 Brickell Bay Drive
Suite, Apt. #, etc.
Suite 2600**

3. Mailing Address

**1001 Brickell Bay Dr
Suite, Apt. #, etc.
Suite 2600**

City & State

Miami, FL

City & State

Miami FL

Zip

Country

**33131
USA**

Zip

Country

**33131
USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSCAR GRISALES-RACINI, ESQ.
999 BRICKELL AVENUE, SUITE 703
MIAMI FL 33131**

Name

Oscar Grisales-Racini, Esq.

Street Address (P.O. Box Number is Not Acceptable)

12550 Biscayne Blvd.

Suite 405

City

Miami

FL

Zip Code

33131

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **AMERICAN RESIDENTIAL EQUITIES, INC.**
STREET ADDRESS **999 BRICKELL AVENUE, SUITE 703**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGR** ☒ Change ☐ Addition
NAME **American Residential Equities, Inc.**
STREET ADDRESS **1001 Brickell Bay Dr., Ste. 2600**
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature Required
Signature and typed or printed name of signing managing member, manager, or authorized representative
1/9/03 305 572-1011

CR2E083 (10/02)