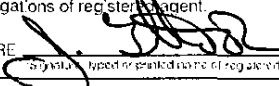
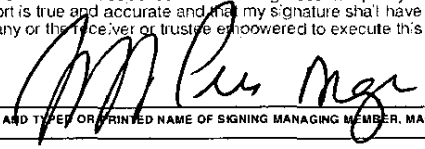


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90208 021 ****50.00

DOCUMENT # M03000000504 1. Entity Name AMERICAN RESIDENTIAL EQUITIES XXVI, LLC					
Principal Place of Business 848 BRICKELL AVENUE PH MIAMI, FL 33131			Mailing Address 848 BRICKELL AVENUE PH MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 37-1459729			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent JACQUELYN LISETTE DE PADUA 1001 BRICKELL BAY DRIVE, STE 2600 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name - SAME - Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL AVENUE Penthouse 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  DATE 1/26/04 (Signature typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature is required when consolidating.)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KIRSCH, JEFFREY 1001 BRICKELL BAY DRIVE, STE 2600 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR AMERICAN RESIDENTIAL EQUITIES, INC. 848 BRICKELL AVENUE, Penthouse MIAMI, FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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: 			DATE: 1/27/04 (305) 577-1011		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					