2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM Secretary of State

DOCUMENT #	M0300	0000504	4	

Entity Name
 AMERICAN RESIDENTIAL EQUITIES XXVI, LLC

Principal Place of Business

Mailing Address

848 BRICKELL AVENUE

848 BRICKELL AVENUE

MIAMI, FL 33131

MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

01122005No Chg-LLC CR2E083 (10/03)

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 848 BRICKELL AVENUE PENTHOUSE MIAMI, FL 33131

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

DO NOT WRITE IN THIS SPACE

1/ z/03

Daytime Phone #

IVIIAIVII, PL 33131			M 11110 017.02		
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both	in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title it applicable.	(NOTE Registered Agent signature required whon reinstating)	DATE		
F	iling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY -ST - ZIP	MGR AMERICAN RESIDENTIAL EQUITIES, INC. 848 BRICKELL AVENUE PENTHOUSE MIAMI, FL 33131				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1100000194539 01/20/05-80035-005 50.00		
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NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby indicated limited lis	certify that the information supplied with this filing closs not of on this report is true and accurate and that my supplied is ability company or the receiver or trustee empoyered to be ability company or the receiver or trustee empoyered to be a supplied to the control of t	qualify for the exemption stated in Section 119.07(3)(I) and vive the same legal effect as if made under oath; byte this report as required by Chapter 608, Florida S). Fiorida Statutes. I further certify that the information that I am a managing member or manager of the tatutes.		

NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE