## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 28, 2006 08:00 AN Secretary of State

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1. Entity Name

AMERICAN RESIDENTIAL EQUITIES XXVI, LLC



Principal Place of Business

Mailing Address

848 BRICKELL AVENUE

848 BRICKELL AVENUE

PH

MIAMI, FL 33131

MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

01192006 No Chg-LLC

CR2E083 (11/05)

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

## DO NOT WRITE IN THIS SPACE

1410 (1411, 1 2		114	THO OF AGE
8. The above the obliga	a named entity submits this statement for the purpose of chations of registered agent.	inging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE
* F	iling Fee is \$50.00 ue by May 1, 2006		U00000542664 05/10/06-80107-012 50.00
9. t	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGR AMERICAN RESIDENTIAL EQUITIES, INC. 848 BRICKELL AVENUE PENTHOUSE MIAMI, FL 33131		
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE		· ·	

## DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP					
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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					

SIGNATURE:

NAME STREET ADDRESS

NAME
SIREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET AODRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/23/06

(305) 577-1011

□aytime Phone #