

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90021 027 ****50.00

DOCUMENT # M03000002477	
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1. Entity Name
AMERICAN RESIDENTIAL EQUITIES XXVIII, LLC

Principal Place of Business
848 BRICKELL AVENUE
PH
MIAMI, FL 33131

Mailing Address
848 BRICKELL AVENUE
PH
MIAMI, FL 33131

24004030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262004 Chg-LLC CR2E083 (10/03)

4. FEI Number
03-0522553

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required ☒

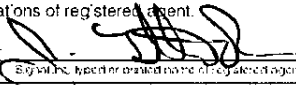
6. Name and Address of Current Registered Agent

DE PADUA, JACQUELYN L
1001 BRICKELL BAY DR., 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 in the space below agent's name if applicable.

(NOTE: Registered Agent signature required when consulting)

DATE

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 MGR
NAME KIRSCH, JEFFREY ☐ Delete
STREET ADDRESS 1001 BRICKELL BAY DR., STE 2600
CITY- ST- ZIP MIAMI, FL 33131

TITLE MGR ☒ Change ☐ Addition
NAME AMERICAN RESIDENTIAL EQUITIES, INC.
STREET ADDRESS 848 BRICKELL AVENUE, Penthouse
CITY- ST- ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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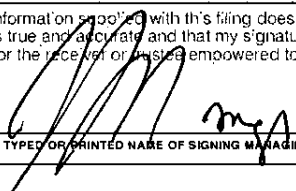
TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
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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 person or persons empowered to execute this report as required by Chapter 608, Florida Statutes.

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

1/26/04 (305) 577-6111

Date

County Phone #