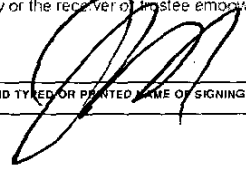


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90118 010 ****50.00

DOCUMENT # M03000003576 1. Entity Name AMERICAN RESIDENTIAL EQUITIES, LLC			
Principal Place of Business 848 BRICKELL AVENUE MIAMI, FL 33131		Mailing Address 848 BRICKELL AVENUE MIAMI, FL 33131	
2. Principal Place of Business 848 Brickell Avenue Suite, Apt. #, etc. Penthouse City & State Miami, FL Zip 33131 Country USA		3. Mailing Address 848 Brickell Avenue Suite, Apt. #, etc. Penthouse City & State Miami, FL Zip 33131 Country USA	
4. FEI Number 43-8032798		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		02102004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent DE PADUA, LISETTE 848 BRICKELL AVENUE 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 2/10/04	
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 AMERICAN RESIDENTIAL EQUITIES, INC. 848 BRICKELL AVENUE MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Meadow Mint, LLC 848 Brickell Avenue, Penthouse Miami, FL 33131
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
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
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			