M03000004234

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





900043656999





ACCOUNT NO. : 072100000032

REFERENCE: 105318 7428651

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 23, 2004

ORDER TIME : 10:05 AM

ORDER NO. : 105318-895

CUSTOMER NO: 7428651

CUSTOMER: Stephen Adamo

American Home Mortgage 538 Broadhollow Road

Melville, NY 11747

CHANGE OF AGENT

NAME: AMERICAN HOME VENTURES LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	I liability company is:	AMERICAN	HOME VENTURES LI	LC .	
2. The mailing address of	the limited liability co	ompany is: _		·	
520 Broadhollow Ro	ad, Melville, NY 1	11747		·	
December 19, 2003			M03000004234		
3. Date of filing/registration in Florida		4. Document number			
5. The name of the register Florida Department of S	red agent and the regis	stered office	address as shown or	the records of the	
	C T Corp	poration Sy	ystem		
Name					
1200 South Pine Island Road					
Address					
Plantation, FL 33324					
City, State and Zip				SSE	
Name 1200 South Pine Island Road Address Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: Corporation Service Company					
	Corporation Service Company			<u> </u>	
Name					
1201 Hays Street					
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL_	32301		
	City, S	State and Zip			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)					
Maureen Cullen, Attor (Printed or typed name of signee)					
I hereby accept the appoi comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered a s of all statutes relativ d accept the obligation his document is being that the limited liabili	igent and agi ve to the prop ns of my posi filed to mere ity company i	ee to act in this cap er and complete per tion as registered a ly reflect a change i ias been notified in	acity. I further agree to formance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)	M. Gull				
Division of Cornerations P.O. Roy 6327, Tallahassee, FL, 32314					

FILING FEE: \$25.00

INHS18(10/99)