## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M04000000256

1. Entity Name

AMERICAN RESIDENTIAL EQUITIES XXXIII, LLC



**FILED** Apr 26, 2006 08:00 AN Secretary of State

Principal Place of Business

848 BRICEKLL AVENUE, PENTHOUSE

MIAMI, FL 33131

Mailing Address 848 BRICEKLL AVENUE, PENTHOUSE

MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

01162006 No Chg-LLC CR2E083 (11/05) Applied For

4. FEI Number 77-0620779

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DE PADUA, LISETTE 848 BRICKELL AVENUE, PENTHOUSE MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE.		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstand) DATE
F D	iling Fee is \$50,00 ue by May 1, 2006	and the second of the second
9.	MANÄGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMERICAN RESIDENTIAL EQUITIES, LLC 848 BRICKELL AVENUE, PENTHOUSE MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		05/06/06-80134-009 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
ITLE Name Street address City-St-Zip		IN THIS SPACE
TITLE NAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·

11. I hereby certify that the information supplied with this filling 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

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