

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

03-20-2007 90145 013 ****50.00

DOCUMENT # M04000001064

1. Entity Name
AMERICAN RESIDENTIAL EQUITIES XXXV, LLC



Principal Place of Business
**848 BRICKELL AVE., PENTHOUSE
MIAMI, FL 33131**

Mailing Address
**848 BRICKELL AVE., PENTHOUSE
MIAMI, FL 33131**

30007254



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 20-0896135 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|-----------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|-----------------------------------------------------------|------------------------------------------|

6. Name and Address of Current Registered Agent

**DE PADUA, LISETTE
848 BRICKELL AVE., PENTHOUSE
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR AMERICAN RESIDENTIAL EQUITIES, LLC 848 BRICKELL AVE., PENTHOUSE MIAMI, FL 33131 |
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IN THIS SPACE**

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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #