


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90008 050 ****50.00

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DOCUMENT # M04000002778 1. Entity Name AMERICAN RESIDENTIAL EQUITIES XXXIX, LLC					
Principal Place of Business 848 BRICKELL AVENUE PH MIAMI, FL 33131			Mailing Address 848 BRICKELL AVENUE PH MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
01112005 Chg-LLC CR2E083 (10/03)				4. FEI Number 20-1349073	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DE PADUA, LISETTE 848 BRICKELL AVENUE PH MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		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, LLC 848 BRICKELL AVENUE PH MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date 1/15/05				Daytime Phone #	