
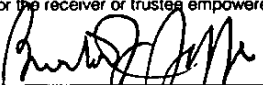


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2006 8:00 am
Secretary of State

08-23-2006 90010 008 ****50.00

DOCUMENT # M04000004382					
1. Entity Name AMERIELITE DEVELOPMENT AND MANAGEMENT LLC					
Principal Place of Business 4 LYNCREST DRIVE PARAMUS, NJ 07652			Mailing Address 4 LYNCREST DRIVE PARAMUS, NJ 07652		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0197668	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BENNER, IAN A JR. C/O AMERIELITE PROPERTIES, LLC 215 CELEBRATION PLACE, STE 500 KISSIMMEE, FL 34747			Name Street Address (P.O. Box Number is Not Acceptable) 1142 Celebration Blvd. City Celebration FL Zip Code 34747		
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)					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRENNER, IAN A JR. 215 CELEBRATION PLACE, STE 500 CELEBRATION, FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1142 Celebration Blvd. Celebration, FL 34747	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALLIHAN, JAMES A 4 LYNCREST DRIVE PARAMUS, NJ 07652		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: 			Burton J. Jaffe, Esq. 8/18/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 609-896-3600		