2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M04000004973

1. Entity Name

CITY-ST-ZP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

AMERICAN RESIDENTIAL EQUITIES XLII, LLC



Apr 26, 2006 08:00 AN Secretary of State

FILED

Principal Place of Business

Mailing Address

848 BRICKELL AVENUE, PENTHOUSE MIAMI, FL 33131 848 BRICKELL AVENUE, PENTHOUSE MIAMI, FL 33131



01192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1870464 Applied For Not Applicable

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

	e named entity submits this statement for the purpose of chations of registered agent.	nging its register	red office or registered as	gent, or both, in	the State of Flor	ida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable	(NOTE, Registere	ed Agent signature required when r	reinstating)		DÁTE	 :·
F	iling Fee is \$50.00 ue by May 1, 2006	\$40 × 5				5.	Post 1
9.	MANAGING MEMBERS/MANAGERS				.27	ν _{ων} - , - , , , , ,	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMERICAN RESIDENTIAL EQUITIES LLC 848 BRICKELL AVE, PENTHOUSE MIAMI, FL 33131			0	U000000 20\26\5	533667 80134-001	50,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-SI-ZIP		<u> </u>		DO N	OT W	RITE	
TITLE NAME STREET ADDRESS CUY-ST-ZIP				IN TH	IIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS		· <u>-</u>					

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 manager of the execute this report as required by Chapter 608, Florida Statutes.

ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE