2006 LIMITED LIABILITY COMPANY

FILED

_	ANNUA	L REPORT		Apr 2	6, 2006 08:00 cretary of Stat
DOCUMENT # M0500005071				Sec	cretary of Stat
	AN RESIDENTIAL EQUIT	TIES XLVIII, LLC			
		Mailing Address 848 BRIGKELL AVENUE PE MIAMI, FL 33131	NTHOUSE		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
DO NOT WRITE IN THIS SPACE				01192006 No Chg-LLC	CR2E083 (11/05)
				20-3390736	Not Applicable
	6. Name and Address of Curr	ont Pegistered Agent		5. Certificate of Status Desired	\$5.00 Additional Fee Required
		ent Registered Agent	_		
DE PADUA, LISETTE 848 BRICKELL AVENUE PENTHOUSE				DO NOT WE	RITE
MIAMI, FL	. 33131			IN THIS SPA	ACE
8. The above the obliga	e named entity submits this statementions of registered agent.	at for the purpose of changing its regi	stered office or register	ed agent, or both, in the State of Flori	da. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered a	gent and title if applicable (NOTE Reg	istered Agent signaturo required	(Graphenian reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2006		ı		
g	MANAGING MEN	MBERS MANAGERS		<u> </u>	4 4 4 mag 2 2 2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMERICAN RESIDENTIAL EG 848 BRICKELL AVENUE PEN MIAMI, FL 33131	•		1 1 200, 200, 200, 200, 200, 200, 200, 2	
TITLE					33736 90135-008 50.00
NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TATE	i		-		

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:

NAME STREET ADDRESS CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE