2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0600000568

1. Entity Name

AMERICAN RESIDENTIAL EQUITIES L, LLC



FILED May 01, 2007 08:00 AM Secretary of State

Principal Place of Business

848 BRICKELL AVENUE PENTHOUSE

MIAMI, FL 33131

Mailing Address

848 BRICKELL AVENUE PENTHOUSE

MIAMI, FL 33131



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3979961 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANACINIC MEMBERS MANACERS

DE PADUA, LISETTE 848 BRICKELL AVENUE PENTHOUSE MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registered agent, or both, in the	e State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00		

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 AVENUE PENTHOUSE MIAMI, FL 33131	Unnonower 31.4
TITLE NAME STREET ADDRESS CITY-ST-ZIP		000000751714 05/18/07-80113-017 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		in and the second of the secon
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 accourage 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Jettre

Kuch 3/20/0

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #