## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M06000002269

1. Entity Name

AMERICAN RESIDENTIAL EQUITIES LI, LLC



08 MAY -1 AM 10: 11

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

848 BRICKELL AVENUE, PENTHOUSE MIAMI, FL 33131

848 BRICKELL AVENUE, PENTHOUSE MIAMI, FL 33131



04212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4431624

Not Applicable

Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

Signature, typed or brinted name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 900128283819 05/02/08--01003--006 \*\*3652.50

9	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	AMERICAN RESIDENTIAL EQUITIES, LLC
STREET ADDRESS	848 BRICKELL AVENUE, PENTHOUSE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
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CITY-ST-ZIP	<u></u>
11. I hereby certify that the information supplied with this filing does not qualify for the	

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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:

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

J6/12 /h

10/5/77/01/

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Daytime Phone #