


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000008583  
 1. Entity Name  
 PRIDE HOMES BY GARCO, L.L.C.



Principal Place of Business      Mailing Address  
 12448 SW 127 AVENUE      12448 SW 127 AVENUE  
 MIAMI, FL 33186      MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**



01102007No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
 65-1114577      Not Applicable

5. Certificate of Status Desired            \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KUPFER, PAUL H  
 5541 UNIVERSITY DR  
 #103  
 CORAL SPRINGS, FL 33062

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GARCIA, CARLOS
STREET ADDRESS	12448 SW 127 AVE.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGR
NAME	FORTE, OMAR
STREET ADDRESS	12448 S.W. 122 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGRM
NAME	FERNANDEZ, MARTHA
STREET ADDRESS	12448 SW 127 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000594936  
 01/23/07-80018-008 50.00

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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:       Date: 1/17/06      Daytime Phone # (305) 988-2200

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