

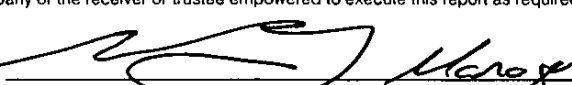


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90797 010 ****50.00

DOCUMENT # L03000001013					
1. Entity Name PRIDE HOMES OF STONEGATE, LLC					
Principal Place of Business 9485 SUNSET DRIVE SUITE A-295 MIAMI, FL 33173			Mailing Address 9485 SUNSET DRIVE SUITE A-295 MIAMI, FL 33173		
2. Principal Place of Business <i>12448 SW 127 Ave</i>		3. Mailing Address <i>12448 SW 127 Ave</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Miami FL</i>		City & State <i>Miami FL</i>		03142005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 82-0581579		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip <i>33186</i>		Country <i>USA</i>		Zip <i>33186</i>	
Country <i>USA</i>		Country <i>USA</i>		Country <i>USA</i>	
6. Name and Address of Current Registered Agent DUARTE-VIERA, ANIBAL J 8550 NW 33RD STREET SUITE 200 MIAMI, FL 33122			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRIDE HOMES BY GARCO, LLC		NAME		
STREET ADDRESS	9485 SUNSET DRIVE SUITE A-295		STREET ADDRESS	<i>12448 SW 127 Ave</i>	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	<i>Miami, FL 33186</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>3/14/05</i>		Daytime Phone #: <i>(305) 965-2000</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					