## 2004 LIMITED LIABILITY COMPANY

## **FILED** ANNUAL REPORT (AR) Mar 31, 2004 8:00 am DOCUMENT # L03000005174 **Secretary of State** 03-31-2004 90348 046 \*\*\*\*50.00 PRIDE HOMES BY GARCO III, L.L.C. Principal Place of Business Mailing Address 9485 SUNSET DRIVE, SUITE A-295 9485-SUNSET DRIVE, SUITE A-295 MIAMI FL 33173 MIAMI FL 33179 --2. Principal Place of Business 2448 S.W. 127 Ave 12448 S.W. 127 AUC CR2E083 (11/03) City & State City & State Applied For 4. FEI Number Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KUPFER, PAUL H Street Address (P.O. Box Number is Not Acceptable) 1700 UNIVERSITY DRIVE, SUITE 110 CORAL SPRINGS FL 33071 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE Delete TITLE Change ☐ Addition CARlOS M. GARCIA PRIDE HOMES BY GARCO, L.L.C. NAME NAME 12448 S.W. 127 Avenue MiAni, FL 33186 STREET ADDRESS 9485 SUNSET DRIVE, SUITE A-295 STREET ADDRESS CITY-ST-ZIP MIAMI-FL-93173 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY=ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TIME Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

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 fimiled liability company or the reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE