

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90348 045 ****50.00

DOCUMENT # L03000005175
 1. Entity Name
PRIDE HOMES BY GARCO II, 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 33173~~

2. Principal Place of Business 3. Mailing Address
12448 S.W. 127 Ave *12448 S.W. 127 Ave*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FL *Miami FL*
 Zip Zip
33186 *33186*
 Country Country



MOORE CR2E083 (11/03)

4. FEI Number Applied For
20-0894808 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KUPFER, PAUL H
1700 UNIVERSITY DRIVE, SUITE #110
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR PRIDE HOMES BY GARCO, L.L.C. 9485 SUNSET DRIVE, SUITE A-295 MIAMI FL 33173 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>Carlos M Garcia</i> <i>12448 S.W. 127 Ave</i> <i>Miami, FL 33186</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* **CARLOS M GARCIA** *3/5/04* *305-969-2000*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #