

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90435 028 \*\*\*\*50.00

DOCUMENT # L03000018161

1. Entity Name

PRIDE HOMES OF BAYWINDS, L.L.C.



Principal Place of Business

9485 SUNSET DRIVE, STE. A-295  
 MIAMI FL 33173

Mailing Address

9485 SUNSET DRIVE, STE. A-295  
 MIAMI FL 33173

2. Principal Place of Business

12448 S.W. 127 Ave

Suite, Apt. #, etc.

3. Mailing Address

12448 S.W. 127 Ave

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami, Florida

Zip

33186

Country

Zip

33186

Country

4. FEI Number

11-3699996

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

24022573



MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

KUPFER, PAUL H  
 1700 UNIVERSITY DRIVE, STE. 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

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

(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	<input type="checkbox"/> Delete
MGR	GARCIA, CARLOS	9485 SUNSET DRIVE, STE. A-295	MIAMI FL 33173	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	GARCIA, Carlos	12448 S.W. 127 Avenue	MIAMI, FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Carlos Garcia 3/8/04 305-969-2000

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

Date

Daytime Phone #