2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000034713

1. Entity Name

PRIDE HOMES OF LAKES BY THE BAY - PARCEL J.

L.L.C.

NAME STREET ADDRESS CITY-ST-ZIP

Principal Place of Business

12448 S.W. 127TH AVE. MIAMI, FL 33186 Mailing Address

12448 S.W. 127TH AVE. MIAMI, FL 33186

FILED Mar 17, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03112005No Chg-LLC

CR2E083 (10/03)

FEI Number
 20-0269286

Applied For 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 DR., STE. 110 CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

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 little if applicable	NOTE Registered Agent Signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS	The state of the s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, CARLOS 12448 S.W. 127TH AVE. MIAMI, FL 33186		000000267348 03/17/05-80069-001 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, MARTHA 12448 SW 127 AVE MIAMI, FL 33186		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dale

Davima Phone #