


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000014563  
 1. Entity Name  
 PRIDE HOMES OF LAKES BY THE BAY - PARCEL I, L.L.C.



Principal Place of Business 12448 S.W. 127TH AVENUE MIAMI, FL 33186	Mailing Address 12448 S.W. 127TH AVENUE MIAMI, FL 33186
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**DO NOT WRITE IN THIS SPACE**



01102007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0829752	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
 KUPFER, PAUL H  
 5541 UNIVERSITY DR  
 #103  
 CORAL SPRINGS, FL 33067

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, CARLOS 12448 S.W. 127TH AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, MARTHA 12448 S.W. 127TH AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FONTE, OMAR 12448 SW 127 AVE MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000594900  
 01/23/07-80018-001 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Morgan 1/16/07 (30) 969-2200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #