

**006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90354 030 \*\*\*\*50.00

DOCUMENT # L04000014566



1. Entity Name  
 PRIDE HOMES OF LAKES BY THE BAY - PARCEL H, LLC

Principal Place of Business  
 12448 S.W. 127TH AVENUE  
 MIAMI, FL 33186

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

02032006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
 20-0829891

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)  
 5541 University Drive #103  
 City Coral Springs FL Zip Code 33067

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]* Paul Kupfer 3/16/06  
 (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GARCIA, CARLOS	
STREET ADDRESS	12448 S.W. 127TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MARTHA	
STREET ADDRESS	12448 S.W. 127TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Forte, Omel	
STREET ADDRESS	12448 SW 127 Ave.	
CITY-ST-ZIP	Miami FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* 2/21/06 (303) 969-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #