2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # L05000040675

1. Entity Name
PRIDE HOMES OF VINELAND, LLC

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

DO NOT WRITE IN THIS SPACE

01092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-2780869

☐ 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
5541 UNIVERSITY DR, # 103
CORAL SPRINGS, FL 33064

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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

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01/17/08-80075-019 138.75

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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: _____ 1/10/08 (305)969-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #