


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000082878 1. Entity Name PRIDE HOMES OF NORTH FLORIDA, LLC	
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Principal Place of Business 12448 SW 127TH AVENUE MIAMI, FL 33186	Mailing Address 12448 SW 127TH AVENUE MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE

01092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3393410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, CARLOS M 12448 SW 127TH AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, MARTHA 12448 SW 127TH AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FONTE, OMAR 12448 SW 127TH AVENUE MIAMI, FL 33186
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01/17/08-80075-016 138.75

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* 1/10/08 8579522000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #