



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L02000000964 1. Entity Name AMERICAN PRIDE HOMES, L.L.C. |  |
|--|---|

| | |
|--|---|
| Principal Place of Business 100 SW ALBANY AVE. SUITE 300 STUART, FL 34994 | Mailing Address 100 SW ALBANY AVE SUITE 300 STUART, FL 34994 |
|--|---|

| |
|-----------------------------------|
| DO NOT WRITE IN THIS SPACE |
|-----------------------------------|

| | |
|--|--|
|  | |
| 04102007 No Chg-LLC | CR2E083 (11/05) |
| 4. FEI Number 03-0456611 | 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 ZARRO, PASQUALE 100 SW ALBANY AVE. SUITE 300 STUART, FL 34994 |
|---|

| |
|---------------------------------------|
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> |

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2007 | 000000709118 04/24/07-80142-007 50.00 |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BERTHAUME, ROBERT JR 100 SW ALBANY AVE., SUITE 300 STUART, FL 34994 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZARRO, PASQUALE 100 SW ALBANY AVE., SUITE 300 STUART, FL 34994 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM IRP UD #12 100 ALBANY AVE. SUITE 110 STUART, FL 34994 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| |
|---------------------------------------|
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | 4-11-07 (712) 288-5251 <small>Date Daytime Phone #</small> |
|--|---|