

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000964

FILED
Apr 23, 2009
Secretary of State

Entity Name: AMERICAN PRIDE HOMES, L.L.C.

Current Principal Place of Business:

100 SW ALBANY AVE.
SUITE 300
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

100 SW ALBANY AVE
SUITE 300
STUART, FL 34994

New Mailing Address:

100 SW ALBANY AVE.
SUITE 300
STUART, FL 34994

FEI Number: 03-0456611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZARRO, PASQUALE
100 SW ALBANY AVE.
SUITE 300
STUART, FL 34994 US

Name and Address of New Registered Agent:

ZARRO, PASQUALE G
100 SW ALBANY AVE.
SUITE 300
STUART, FL 34994 US

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.

SIGNATURE: PASQUALE G ZARRO

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZARRO, PASQUALE
Address: 100 SW ALBANY AVE., SUITE 300
City-St-Zip: STUART, FL 34994

Title: MGRM () Delete
Name: IRP UD #12
Address: 100 ALBANY AVE. SUITE 110
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZARRO, PASQUALE G
Address: 100 SW ALBANY AVE., SUITE 300
City-St-Zip: STUART, FL 34994

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PASQUALE G ZARRO

MGRM

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date