

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90435 028 ****50.00

DOCUMENT # L03000018161

1. Entity Name

PRIDE HOMES OF BAYWINDS, L.L.C.



Principal Place of Business

9485 SUNSET DRIVE, STE. A-295
MIAMI FL 33173

Mailing Address

9485 SUNSET DRIVE, STE. A-295
MIAMI FL 33173

2. Principal Place of Business

12448 S.W. 127 Ave

Suite, Apt. #, etc.

3. Mailing Address

12448 S.W. 127 Ave

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI, Florida

Zip

33186

Country

Zip

33186

Country

4. FEI Number

11-3699996

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
1700 UNIVERSITY DRIVE, STE. 110
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GARCIA, CARLOS
STREET ADDRESS 9485 SUNSET DRIVE, STE. A-295
CITY-ST-ZIP MIAMI FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME GARCIA, Carlos
STREET ADDRESS 12448 S.W. 127 Avenue
CITY-ST-ZIP MIAMI, FL 33186

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Carlos Garcia 3/5/04 305-969-2000