

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034654

FILED  
Jan 21, 2009  
Secretary of State

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

**Current Principal Place of Business:**

12448 S.W. 127TH AVENUE  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

12448 S.W. 127TH AVENUE  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 20-0236202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KUPFER, PAUL H  
5541 UNIVERSITY DRIVE, SUITE 103  
CORAL SPRINGS, FL 33067 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CMG HOLDINGS, LLC,  
Address: 12448 SW 127 AVE  
City-St-Zip: MIAMI, FL 33186

Title: MRG ( ) Delete  
Name: FERNANDEZ, MARTHA  
Address: 12448 SW 127 AVE  
City-St-Zip: MIAMI, FL 33186

Title: MGR ( ) Delete  
Name: FONTE, OMAR  
Address: 12448 SW 127 AVE  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES:**

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

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

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: CMG HOLDINGS, LLC

MGR

01/21/2009

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