

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000007433

1. Entity Name
PRIDE HOMES OF CRYSTAL LAKE, L.L.C.



Principal Place of Business
**12448 S.W. 127TH AVE
MIAMI, FL 33186**

Mailing Address
**12448 S.W. 127TH AVE
MIAMI, FL 33186**



01102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0742090

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
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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GARCIA, CARLOS M
STREET ADDRESS	12448 S.W. 127TH AVE
CITY - ST - ZIP	MIAMI, FL 33186
TITLE	MGR
NAME	FERNANDEZ, MARTHA
STREET ADDRESS	12448 S.W. 127TH AVE
CITY - ST - ZIP	MIAMI, FL 33186
TITLE	MGR
NAME	FONTE, OMAR
STREET ADDRESS	12448 SW 127 AVE
CITY - ST - ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/23/07-80018-007 50.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #