2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90057 015 ****50.00

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1. Entity Name
PRIDE HOMES OF PEACHTREE, L.L.C.

Principal Place of Business	Mailing Address
12448 S.W. 127TH AVENUE MIAMI, FL 33186	12448 S.W. 127TH AVENUE MIAMI, FL 33186

01192007   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number **20-0742118** / Applied For / Not Applicable
City & State	City & State	
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KUPFER, PAUL H 5541 UNIVERSITY DR #103 CORAL SPRINGS, FL 33064	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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GARCIA, CARLOS M		NAME			
STREET ADDRESS	12448 S.W. 127TH AVENUE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP			
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	FERNANDEZ, MARTHA		NAME			
STREET ADDRESS	12448 S.W. 127TH AVENUE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP			
TITLE	MGR	☐ Delete	TITLE		☒ Change	☐ Addition
NAME	OMER, FONTE		NAME	OMAR. FONTE		
STREET ADDRESS	12448 SW 127 NE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____   1/19/07   969-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #