

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000008408**

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



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

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



01092008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0742118

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 33064

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
GARCIA, CARLOS M  
12448 S.W. 127TH AVENUE  
MIAMI, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
FERNANDEZ, MARTHA  
12448 S.W. 127TH AVENUE  
MIAMI, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
FONTE, OMAR  
12448 SW 127 NE  
MIAMI, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000787282  
01/17/08-80075-015 138.75

**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 #