


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L05000082878 1. Entity Name PRIDE HOMES OF NORTH FLORIDA, LLC	
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Principal Place of Business 12448 SW 127TH AVENUE MIAMI, FL 33186	Mailing Address 12448 SW 127TH AVENUE MIAMI, FL 33186
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01102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3393410	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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.

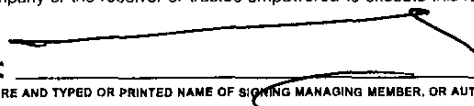
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, CARLOS M 12448 SW 127TH AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, MARTHA 12448 SW 127TH AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FONTE, OMAR 12448 SW 127TH AVENUE MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000594902 01/23/07-80018-002 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **1/15/07** **969-2220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #