


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90436 047 ****50.00

| | | | |
|--|---------|---|---------|
| DOCUMENT # L03000001013 | |  | |
| 1. Entity Name PRIDE HOMES OF STONEGATE, LLC | | | |
| Principal Place of Business 12448 SW 127 AVENUE MIAMI FL 33186 | | Mailing Address 12448 SW 127 AVENUE MIAMI FL 33186 | |
| 2. Principal Place of Business Suite, Apt. #. etc. | | 3. Mailing Address Suite, Apt. #. etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E083 (11/03)

| | |
|---|--|
| 4. FEI Number 82-0581579 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> NEW | \$5.00 Additional Fee Required |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent DUARTE-VIERA, ANIBAL J 8660 NW 33RD STREET SUITE 200 MIAMI FL 33122 | | 7. Name and Address of New Registered Agent Name DUARTE Viera, Anibal J Street Address (P.O. Box Number is Not Acceptable) 5835 Blue Lagoon Drive Suite 200 City MIAMI FL Zip Code 33122 | |
|--|--|--|--|

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 *Anibal J. Duarte-Viera* DATE *3/4/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PRIDE HOMES BY GARCO, LLC 9485 SUNSET DRIVE MIAMI FL 33173 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CARLOS M. GARCIA 12448 S.W. 127 Avenue MIAMI, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carlos M. Garcia* DATE *3/2/04* DAYTIME PHONE # *305-965-2000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE