## 2005 LIMITED LIABILITY COMPANY . ANNUAL REPORT

## Apr 06, 2005 08:00 AM Secretary of State **DOCUMENT # L01000011874** 1. Entity Name 1776, L.L.C. Principal Place of Business Mailing Address 213 THE ESPLANADE SOUTH 213 THE ESPLANADE SOUTH VENICE, FL 34285 VENICE, FL 34285 03012005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0172511 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PACHOTA, MICHAEL DO NOT WRITE 213 THE ESPLANADE SOUTH VENICE, FL 34285 IN THIS SPACE 3. 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 age (NOTE Registered Agent signature required when reinstating Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS 0 TITLE PACHOTA, MICHAEL V NAME U00000289936 04/06/05-80044-009 50.00 STREET ADDRESS 213 THE ESPLANADE SOUTH VENICE, FL 34285 CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS DO NOT WRITE City - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

ACHOIA MICHAEL

FILED