


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90100 001 ***150.00

DOCUMENT # L02000002719

1. Entity Name
776 PROPERTIES LLC



Principal Place of Business
**10200 OLD CUTLER RD
 MIAMI, FL 33156**

Mailing Address
**10200 OLD CUTLER RD
 MIAMI, FL 33156**

34005254



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04272004 Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0542666

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FARRA, MIGUEL G
 C/O MORRISON BROWN ARGIZ & CO.
 1001 BRICKELL BAY DR, 9TH FL
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BETANCOURT, HECTOR 7700 N. KENDALL DRIVE, SUITE 809 MIAMI, FL 33156 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD QUADROS, MARIO 7700 N. KENDALL DRIVE, SUITE 809 MIAMI, FL 33156 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BETANCOURT, HECTOR 7700 N. KENDALL DR, STE 809 MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BETANCOURT, HECTOR 7700 N. KENDALL DR, STE 809 MIAMI, FL 33156 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD QUADROS, MARIO 7700 N. KENDALL DR, STE 809 MIAMI, FL 33156 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BETANCOURT, HECTOR 7700 N. KENDALL DR, STE 809 MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete |

10. ADDITIONS / CHANGES

| | |
|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: H. L. Betancourt Date: 4/26/04 Daytime Phone #: (305) 333-2529

Secretary H. L. Betancourt