


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000012975
 1. Entity Name
 766, LLC



Principal Place of Business Mailing Address
 766 SE 5TH AVENUE 766 SE 5TH AVENUE
 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE



03242005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 84-1624385 Not Applicable

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

6. Name and Address of Current Registered Agent
 MERENFELD, ISACK
 766 SE 5TH AVENUE
 DELRAY BEACH, FL 33483

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

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ABBO, JACQUES
STREET ADDRESS	766 SE 5TH AVENUE
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	MGR
NAME	WEIS, JAIME
STREET ADDRESS	766 SE 5TH AVENUE
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	MGR
NAME	CSUTOROS HOLDINGS, LLC
STREET ADDRESS	11156 WHISPERING PINES LANE
CITY - ST - ZIP	BOCA RATON, FL 33428
TITLE	MGR
NAME	ABBO, MAYER S
STREET ADDRESS	766 SE 5TH AVENUE
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	MGRM
NAME	MERENFELD, ISACK
STREET ADDRESS	766 SE 5TH AVENUE
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000286166
 04/04/05-80016-022 50.00

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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: _____ 2/27/05 561 2433352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #