


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000033556 1. Entity Name EIGHT SEVENTY FOUR, L.L.C.	
---	---

Principal Place of Business 3001 OCEAN DRIVE, SUITE 202 VERO BEACH, FL 32963	Mailing Address 3001 OCEAN DRIVE, SUITE 202 VERO BEACH, FL 32963
--	--

DO NOT WRITE IN THIS SPACE



01312005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0309219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SWANSON, JOHN F 3001 OCEAN DRIVE, SUITE 202 VERO BEACH, FL 32963	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.

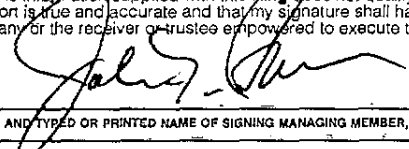
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SWANSON, JOHN F 3001 OCEAN DRIVE, SUITE 202 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000220747
02/09/05-80001-025 50.00

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: 	Date: 2/3/05	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		