

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000041054

1. Entity Name
 1763-142, L.L.C.



Principal Place of Business
 1065 N.E. 125TH ST., STE. 405
 NORTH MIAMI, FL 33181

Mailing Address
 1065 N.E. 125TH ST., STE. 405
 NORTH MIAMI, FL 33181



01182005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0392540	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SEGAL, ROBERTA
 1065 N.E. 125TH ST., STE. 405
 NORTH MIAMI, FL 33181

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

Robert Segal

1/18/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SEGAL, ROBERTA
STREET ADDRESS	1065 N.E. 125TH ST., STE. 405
CITY-ST-ZIP	NORTH MIAMI, FL 33181

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 01/28/05-80115-001 55.00

TITLE	
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DO NOT WRITE IN THIS SPACE

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:

Robert Segal

1/18/05

305-899-1065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #