2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041764

1. *Entity Name*
1758-142, L.L.C.

Principal Place of Business	Mailing Address
1065 N.E. 125TH STREET, SUITE 405 NORTH MIAMI, FL 33181	1065 N.E. 125TH STREET, SUITE 405 NORTH MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

01182005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
20-0392517	Not Applicable

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

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6. Name and Address of Current Registered Agent

SEGAL, ROBERTA
1065 N.E. 125TH STREET, SUITE 405
NORTH MIAMI, FL 33181

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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 _____

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

1|18|05

DATE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SEGAL, ROBERTA
STREET ADDRESS	1065 N.E. 125TH STREET, SUITE 405
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/05-80115-003 55.00

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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: _____   1|18|05   305-899-1065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #