


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90418 027 \*\*\*\*50.00

**DOCUMENT # L05000025139**

1. Entity Name  
**761 WOODCREST LLC**



Principal Place of Business  
**C/O MARIA CRISTINA DEL-VALLE, ESQ  
 201 ALHAMBRA CIRCLE, SUITE 601  
 CORAL GABLES, FL 33134**

Mailing Address  
**C/O MARIA CRISTINA DEL-VALLE, ESQ  
 201 ALHAMBRA CIRCLE, SUITE 601  
 CORAL GABLES, FL 33134**

**30002604**



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

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

02132006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2497763** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DEL-VALLE, MARIA CRISTINA ESQ  
 MARIA CRISTINA DEL-VALLE, P.A.  
 201 ALHAMBRA CIRCLE, SUITE 601  
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent  
 Name **Juan A. Figueroa, P.A. C.P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1428 Brickell Avenue, Suite 206**  
 City **Miami** FL Zip Code **33131**

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]* DATE **2/15/06**

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, 2006**



9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MANAGING MEMBER DIANE MOSS</b>	<b>445 Grand Bay Drive # 209</b>	<b>KEY BISCAYNE, FL 33149</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature: Diane Moss]* **PRES.** Date: **FEB. 22 '06** (786-5589415)

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



ATTACHMENT  
30002604

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

761 WOODCREST LLC  
C/O MARIA CRISTINA DEL-VALLE, ESQ  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134

Subject: 761 WOODCREST LLC

Reference Number: L05000025139

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE  
ANNUAL REPORTS SECTION

ATTACHMENT

30002604  
#L05000025139

MARIA-CRISTINA  
DEL-VALLE, P.A.

Telephone (305) 357-1001

Facsimile (305) 357-1002

SunTrust Plaza, 201 Alhambra Circle, Suite 601, Coral Gables, FL 33134

email: MCDVART@aol.com

Of Counsel Fieldstone Lester Shear & Denberg, LLP

Attorneys and Counselors at Law

March 13, 2006

Florida Department of State  
DIVISION OF CORPORATIONS  
P.O. Box 6478  
Tallahassee, FL 32314


RE: ANNUAL REPORTS SECTION  
761 WOODCREST LLC, a Florida limited liability company  
REFERENCE NUMBER: L05000025139

Dear Sir or Madam:

Enclosed please find the copy of the Annual Report of the above-captioned, which you returned requesting that item #9 be filled out. It has been done and we are herein enclosing it.

Please advise if you need anything else.

Very truly yours,

  
M.CRISTINA Del-VALLE,ESQ.  
MCDVms  
Encls.

Copy to: Juan Figueroa, CPA