


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

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
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**DO NOT WRITE IN THIS SPACE**



02152007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2497763	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JUAN A FIGUEROA, P.A., C.P.A.  
 1428 BRICKELL AVE  
 STE. 206  
 MIAMI, FL 33131

**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 \_\_\_\_\_ 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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSS, DIANE 445 GRAND BAY DR. #209 KEY BISCAYNE, FL 33149
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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: *Diane Moss - Mgr, Member FEB 26 '07* Date: *786-5569415*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE