


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 24 AM 10:37	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company 1776 PROPERTIES, L.L.C. 8491 N.W. 17TH STREET, SUITE L MIAMI FL 33126		DOCUMENT # L98000001373 <i>94-AD</i>		1a. Principal Place of Business Address 8491 N.W. 17TH STREET, SUITE MIAMI FL 33126	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 08/06/1998 3a. State of Formation FL 4. FEI Number 650685011 5. Date of Last Report 04/01/99 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent LEWIS, HAROLD L ESQ. C/O HABER, LEWIS & PATHMAN, LLP 2 SOUTH BISCAYNE BLVD., SUITE 3660 MIAMI FL 33131				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 800002826148--7 -04/01/99--01042--019 ****188.75 FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (DATE _____) <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature is required when a new agent is appointed.)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	KIBLER, LAWRENCE L	8491 N.W. 17TH STREET, SUITE L		MIAMI FL	
MGR	KIPNIS, DONALD J	8491 N.W. 17TH STREET, SUITE L		MIAMI FL	
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Lawrence L Kibler, Mgr.</i> 2-24-99 305-599-2300					