2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000012975

1. *Entity Name*
766, LLC

Principal Place of Business	Mailing Address
766 SE 5TH AVENUE DELRAY BEACH, FL 33483	766 SE 5TH AVENUE DELRAY BEACH, FL 33483

01102006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1624385
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MERENFELD, ISACK
766 SE 5TH AVENUE
DELRAY BEACH, FL 33483

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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) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ABBO, JACQUES
STREET ADDRESS	766 SE 5TH AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	MGR
NAME	WEIS, JAIME
STREET ADDRESS	766 SE 5TH AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	MGR
NAME	CSUTOROS HOLDINGS, LLC
STREET ADDRESS	11156 WHISPERING PINES LANE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	MGR
NAME	ABBO, MAYER S
STREET ADDRESS	766 SE 5TH AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	MGRM
NAME	MERENFELD, ISACK
STREET ADDRESS	766 SE 5TH AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/01/06-80035-017 50.00

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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: _____ 2/14/06 561 243-335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #