



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90346 002 \*\*\*\*50.00

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # L01000010303</b><br>1. Entity Name<br>SR 776 INVESTMENTS, LLC  |  |   |  |   |  |
| Principal Place of Business<br>3005 CARING WAY<br>PORT CHARLOTTE, FL 33952   |  |   | Mailing Address<br>3005 CARING WAY<br>PORT CHARLOTTE, FL 33952   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                     |  |  |  |
| City & State<br><br>Zip      Country   |  | City & State<br><br>Zip      Country                              |  | 03192007    Chg-LLC    CR2E083 (12/06)   |  |
| 4. FEI Number<br>65-1120378  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | <b>\$5.00</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>LORICCO, CARLO J<br>3005 CARING WAY<br>PORT CHARLOTTE, FL 33952   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____   |  |   |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>      |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>LORICCO, CARLO J<br>3005 CARING WAY<br>PORT CHARLOTTE, FL 33952 | <input type="checkbox"/> Delete                                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> _____ <b>4.4.07</b> <b>941-629-1197</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>   |  |   |  |  |  |