


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90100 001 ***150.00

DOCUMENT # L02000002719

1. Entity Name
776 PROPERTIES LLC



Principal Place of Business
**10200 OLD CUTLER RD
 MIAMI, FL 33156**

Mailing Address
**10200 OLD CUTLER RD
 MIAMI, FL 33156**

34005254



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272004 Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0542666

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

6. Name and Address of Current Registered Agent

**FARRA, MIGUEL G
 C/O MORRISON BROWN ARGIZ & CO.
 1001 BRICKELL BAY DR, 9TH FL
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ 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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	ST	<input type="checkbox"/> Delete
NAME	BETANCOURT, HECTOR	
STREET ADDRESS	7700 N. KENDALL DRIVE, SUITE 809	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	PD	<input type="checkbox"/> Delete
NAME	QUADROS, MARIO	
STREET ADDRESS	7700 N. KENDALL DRIVE, SUITE 809	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SAKAZAKI EDUARDO	
STREET ADDRESS	7700 N. KENDALL DRIVE, SUITE 809	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BETANCOURT, HECTOR	
STREET ADDRESS	7700 N. KENDALL DR, STE 809	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	PD	<input type="checkbox"/> Delete
NAME	QUADROS, MARIO	
STREET ADDRESS	7700 N. KENDALL DR, STE 809	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SAKAZAKI EDUARDO	
STREET ADDRESS	7700 N. KENDALL DRIVE, SUITE 809	
CITY-ST-ZIP	MIAMI, FL 33156	

10. ADDITIONS / CHANGES

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

11. I 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 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.

Rec'd by **H. J. Betancourt**

SIGNATURE: H. J. Betancourt Date **4/26/04** Daytime Phone # **(305) 333-2529**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE