


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90028 044 \*\*\*\*50.00

**DOCUMENT # L02000002719**

1. Entity Name  
**776 PROPERTIES LLC**



Principal Place of Business  
**7700 N. KENDALL DRIVE  
SUITE 809  
MIAMI FL 33156**

Mailing Address  
**7700 N. KENDALL DRIVE  
SUITE 809  
MIAMI FL 33156**

2. Principal Place of Business  
**10200 OLD CUTLER ROAD**

3. Mailing Address  
**10200 OLD CUTLER ROAD**

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

Zip Country  
**33156 USA**

Zip Country  
**33156 USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**EIN: 02-0542666**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SALAZAR GERMAN A  
7700 N. KENDALL DRIVE  
SUITE 809  
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name  
**MIGUEL G. FARRA**

Street Address (P.O. Box Number is Not Acceptable)  
**C/O MORRISON BROWN ARGIZ & CO.**

**1001 B RICKELL BAY DR., 9TH FLOOR**

City  
**MIAMI**

Zip Code  
**FL 33131**

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  **MIGUEL G. FARRA** DATE **3/5/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM, S, T BETANCOURT, HECTOR 7700 N. KENDALL DRIVE, SUITE 809 MIAMI FL 33156</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM, P QUADROS, MARIO 7700 N. KENDALL DRIVE, SUITE 809 MIAMI FL 33156</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM, VP SALAZAR, EDUARDO 7700 N. KENDALL DRIVE, SUITE 809 MIAMI FL 33156</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary and Treasurer BETANCOURT, HECTOR (SAME ADDRESS)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT QUADROS, MARIO (SAME ADDRESS)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT SALAZAR, EDUARDO (SAME ADDRESS)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DILLON, JOHN 7700 N. KENDALL DR., SUITE 809 MIAMI, FLORIDA 33156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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.

SIGNATURE:  **HECTOR J. BETANCOURT** DATE **3/5/03** (205) 373-4720

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

CR2E083 (10/02)