2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008051

1. Entity Name
766 HARBOR DRIVE, L.L.C.

Principal Place of Business	Mailing Address
20 TURTLEWALK KEY BISCAYNE, FL 33149	20 TURTLEWALK KEY BISCAYNE, FL 33149

DO NOT WRITE IN THIS SPACE

04132005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
05-0526004	Not Applicable

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

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S ESQUIRE
2600 DOUGLAS ROAD, PH-8
CORAL GABLES, FL 33134

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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, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DIAZ MESA, JOSE A
STREET ADDRESS	20 TURTLEWALK
CITY-ST-ZIP	KEY BISCAYNE, FL 33149

TITLE	MGR
NAME	DIAZ, BLANCA M
STREET ADDRESS	20 TURTLEWALK
CITY-ST-ZIP	KEY BISCAYNE, FL 33149

TITLE	MGR
NAME	ALEJANDRO DIAZ, JOSE
STREET ADDRESS	20 TURTLEWALK
CITY-ST-ZIP	KEY BISCAYNE, FL 33149

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4-13-05   305-365 8055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #