#### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DÖCUMENT # L02000033525**

1. Entity Name 7701 ENTERPRISES, LLC



Principal Place of Business

Mailing Address

6725 SW 144 STREET MIAMI, FL 33158 6725 SW 144 STREET MIAMI, FL 33158

## FILED Jul 25, 2005 8:00 am Secretary of State

07-25-2005 90042 020 \*\*\*\*55.00

PAAAAAAT

\$55-00



07182005 No Chg-LLC

CR2E083 (10/03)

<ol><li>FEI Number</li></ol>			
	42-1568517		

Applied For Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AZADI, BEHDAD 6725 SW 144 STREET MIAMI, FL 33158

# DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its regions of registered agent.	istered office or registered agent, or both, in the Sta	ate of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature required when reinstating)	DATE
Fil Due I	ing Fee is \$50.00 and \$500 and	S-00	
9.			
TITLE	MGRM		
NAME	AZADI, BEHDAD		
STREET ADDRESS	6725 SW 144TH ST		
CITY-ST-ZIP	MIAMI, FL 33158		
TITLE			
SMAN			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			Γ WRITE
C)TY-ST-ZIP			
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NAME		1	
STREET ADORESS CITY-ST-ZIP			
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TITLE			
NAME STREET ADDRESS			
CITY-ST-ZIP			
		<b>—</b>	
TITLE			
name Street address			
SINCE MUDDEGO			

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:

CITY-ST-ZIP

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

1)-180

Daytime Phone #