2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000004892

1. Entity Name
770 17 AVE., LLC

Principal Place of Business	Mailing Address
772 S.W. 17 AVENUE DELRAY BEACH, FL 33444	330 WILSON AVE ATTN:GARY MCGEE SATELLITE BEACH, FL 32937

DO NOT WRITE IN THIS SPACE

01192005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
05-0569692	Not Applicable

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

6. Name and Address of Current Registered Agent

KEUTER, KIRK
772 S.W. 17 AVENUE
DELRAY BEACH, FL 33444

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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	MGRM	
NAME	KEUTER, KIRK	
STREET ADDRESS	772 S.W. 17 AVENUE	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	MGRM	
NAME	MCGEE, GARY	
STREET ADDRESS	330 WILSON AVE.	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	MGRM	
NAME	FREITAS, MILTON	
STREET ADDRESS	RVA DA LIBERDADE 117 VILLA RICA	
CITY-ST-ZIP	GOV VALADARES, MG CEP, 35045330	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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04/20/05-80073-001 50.00

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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: _____GARY McGEE_____   4/15/05   321-720-7218

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