


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000041054</b> 1. Entity Name 1763-142, L.L.C.	
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<b>Principal Place of Business</b> 1065 N.E. 125TH ST., STE. 405 NORTH MIAMI, FL 33181	<b>Mailing Address</b> 1065 N.E. 125TH ST., STE. 405 NORTH MIAMI, FL 33181
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0392540	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  SEGAL, ROBERTA 1065 N.E. 125TH ST., STE. 405 NORTH MIAMI, FL 33181
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

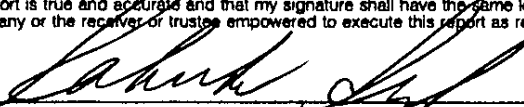
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U0000008E4930  
04/07/08-80007-009 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEGAL, ROBERTA 1065 N.E. 125TH ST., STE. 405 NORTH MIAMI, FL 33181
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **1/30/08 305-899-1065**

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

**ROBERTA SEGAL**