

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072861

Entity Name: 77 LANDS END LLC

FILED
May 21, 2008
Secretary of State

Current Principal Place of Business:

1555 SOUTH OCEAN BOULEVARD
MANALAPAN, FL 33462

New Principal Place of Business:

Current Mailing Address:

1555 SOUTH OCEAN BOULEVARD
MANALAPAN, FL 33462

New Mailing Address:

FEI Number: 20-1651443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BESSEN, ADAM
20283 STATE ROAD 7
SUITE 400
BOCA RATON, FL 33498 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERMAN, RONALD
Address: 1555 S. OCEAN BLVD.
City-St-Zip: MANALAPAN, FL 33462

Title: MGR () Delete
Name: LEVINE, EDWARD
Address: 1255 LANDS END ROAD
City-St-Zip: MANALAPAN, FL 33462

Title: MGR () Delete
Name: BERMAN, ROBERT
Address: 1555 S OCEAN BLVD
City-St-Zip: MANALAPAN, FL 33462

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD BERMAN

MM

05/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date