

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000079454

FILED
Mar 28, 2006
Secretary of State**Entity Name:** 5770 LLC**Current Principal Place of Business:**3905 NORTHLAKE BLVD
LAKE PARK, FL 33403 US**New Principal Place of Business:****Current Mailing Address:**3905 NORTHLAKE BLVD
LAKE PARK, FL 33403 US**New Mailing Address:****FEI Number:** 20-3391633**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CROWLEY, MICHEAL L
12088 SUGARPINE TRAIL
WELLINGTON, FL 33414 US**Name and Address of New Registered Agent:**ATCHISON, JERRY
3905 NORTHLAKE BLVD
LAKE PARK, FL 33403 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: JERRY ATCHISON

03/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: CROWLEY, MICHAEL L
Address: 3905 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403**Title:** PD () Delete
Name: CROWLEY, MICHAEL L
Address: 3905 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403**ADDITIONS/CHANGES:****Title:** MGRP (X) Change () Addition
Name: DALTON, KEVIN W
Address: 3905 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403**Title:** S (X) Change () Addition
Name: DALTON, LINDA A
Address: 3905 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403

I hereby certify that the information supplied with this filing does not qualify for the 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: KEVIN W DALTON

MGRP

03/28/2006

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