2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000033991 1. Entity Name N1771G, LLC



FILED Feb 16, 2007 08:00 AM Secretary of State

Principal Place of Business

144 NW 11 STREET Homestead, FL 33030 Mailing Address

144 NW 11 STREET HOMESTEAD, FL 33030



DO NOT WRITE IN THIS SPACE

02072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4299866 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOSNER, STEVEN D 65 NW 16TH STREET HOMESTEAD, FL 33030

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE.	· Signature, typed or printed name of registered agent and tills if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee Is \$50.00 Due by May 1, 2007		U00000638788 	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULLINS, RICHARD 144 NW 11 STREET HOMESTEAD, FL 33030	A Section 1	
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TITLE NAME STREET ADDRESS GITY-ST-ZIP		IN THIS S	PACE
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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

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 ilmited liability company or the regime or trustee empowered to receive or trustee empowered to receive this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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

2/14/01

(305) 246-4291

Daytime Phone #