## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000038014**

1. Entity Name SP76, LLC



Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90042 048 \*\*\*\*50.00

**FILED** 

Principal Place of Business

Mailing Address

82 S BARRETT SQ ROSEMARY BEACH, FL 32461 PO BOX 611296 ROSEMARY BEACH, FL 32461

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01292007 No Chg-LLC

CR2E083 (11/05)

850 -231-0850

Daytime Phone #

4.	FEI Number 20-2788197		Applied For Not Applicable
5.	Certificate of Status Desired	\$5.00	D Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZEITLIN, BRAD 82 S BARRETT SQ STE 2 A ROSEMARY BEACH, FL 32461

SIGNATURE:

SIGNATURE AND

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered affice 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			
FI	iling Fee is \$50.00 ue by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM NEW ORCHARD GROUP, LLC 82 S BARRETT SQ, STE 2-A ROSEMARY BEACH, FL 32461					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE			
NTLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						

NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE