

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088794

FILED
Apr 23, 2007
Secretary of State

Entity Name: FT MYERS 1.76 ACRES HOLDING, LLC

Current Principal Place of Business:

3539 AND 3481 PALM BEACH BOULEVARD
FORT MYERS, FL 33916

New Principal Place of Business:

655 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160

Current Mailing Address:

PO BOX 802632
AVENTURA, FL 33280

New Mailing Address:

FEI Number: 32-0157734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TCHESNOKOV, GUEORGUI
655 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160 US

Name and Address of New Registered Agent:

PINDER, RYAN
3111 STIRLING ROAD
FT. LAUDERDALE, FL 33312 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: RYAN PINDER

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TCHESNOKOV, GUEORGUI
Address: 655 GOLDEN BEACH DRIVE
City-St-Zip: GOLDEN BEACH, FL 33160

Title: MGRM (X) Delete
Name: TCHESNOKOVA, NELLYA
Address: 655 GOLDEN BEACH DRIVE
City-St-Zip: GOLDEN BEACH, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TGA GENERAL LLC,
Address: 655 GOLDEN BEACH DRIVE
City-St-Zip: GOLDEN BEACH, FL 33160

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: GUEORGUI TCHESNOKOV

MGR

04/23/2007

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