2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000093435

1. Entity Name

250 N.E. 76TH STREET LLC



FILED Mar 02, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

10841 ANDERSON LANE LAKE WORTH, FL 33467

10841 ANDERSON LANE LAKE WORTH, FL 33467



02222007 No Chg-LLC

CR2E083 (11/05)

| 4. | FEI Number | | | | |
|----|------------|---|------|---|--|
| | 20-3529768 | 3 | | | |
| | ····· | - | | - | |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAIR, LAURENCE I 100 WEST CYPRESS CREEK ROAD, SUITE 600 FT. LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

| | | 1 | | | | | |
|---|---|--|--|--|--|--|--|
| 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 the obligations of registered agent. | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signsture required when reinstating) | DATE | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | ************************************* | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THOMAS, FRANKIE 10841 ANDERSON LANE LAKE WORTH, FL 33467 | | | | | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | U00000653776 03/13/07-80035-015 50.00 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | NOT WRITE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN | IN THIS SPACE | | | | |
| 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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