



FILED
Jun 08, 2007 8:00 am
Secretary of State

05-18-2007 90221 049 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000111906						
1. Entity Name CHERRY 76, LLC.						
Principal Place of Business 19443 40TH CT. GOLDEN BEACH, FL 33160 US		Mailing Address 19443 40TH CT. GOLDEN BEACH, FL 33160 US				
DO NOT WRITE IN THIS SPACE						
<div style="text-align: right;">30010240</div> <div style="text-align: center;"></div> <div>05012007 No Chg-LLC CR2E083 (11/05)</div> <table border="1" style="width: 100%;"><tr><td>4. FEI Number NOT APPLICABLE</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>			4. FEI Number NOT APPLICABLE	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						
6. Name and Address of Current Registered Agent ALMOSNY, ISAAC 19443 40TH CT. GOLDEN BEACH, FL 33160		DO NOT WRITE IN THIS SPACE				
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 _____ (NOTE: Registered Agent signature required when renovating) DATE _____						
Filing Fee is \$50.00 Due by May 1, 2007						
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALMOSNY, ISAAC 19443 40TH CT. GOLDEN BEACH, FL 33160					
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11. I hereby certify that the information supplied with this form 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.						
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		06/03/07 <small>Date Daytime Phone #</small>				