

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 19, 2007 8:00 am
Secretary of State

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01-25-2007 90087 042 ****50.00

DOCUMENT # L06000052311

1. Entity Name
76 OUTPARCELS, LLC



Principal Place of Business
222 US HIGHWAY ONE SUITE 208
TEQUESTA, FL 33469

Mailing Address
222 US HIGHWAY ONE SUITE 208
TEQUESTA, FL 33469

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4949493

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

8. Name and Address of Current Registered Agent

CHERRY, RICHARD G
8409 NORTH MILITARY TRAIL, SUITE 123
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAW-SOWDEN INVESTMENTS LLC 222 US HIGHWAY ONE SUITE 208 TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Robert J. Shaw 1/22/07 561-744-5335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #