

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002573

FILED
Apr 17, 2006
Secretary of State

Entity Name: BLOCK 77 DEVELOPMENT GROUP, L.C.

Current Principal Place of Business:

5000 T-REX AVE., STE 150
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

5000 T-REX AVE., STE 150
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0883663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRSCHNER, MITCHELL B ESQUIRE
HODGSON RUSS LLC
1801 N MILITARY TRAIL, STE 200
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

KIRSCHNER, MITCHELL B ESQUIRE
HODGSON RUSS LLP
1801 N MILITARY TRAIL, STE 200
BOCA RATON, FL 33431 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: MITCHELL B. KIRSCHNER

04/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIEGEL, NED L
Address: 5000 T-REX AVE., STE 150
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: MORRIS, WILLIAM
Address: 150 EAST PALMETTO PARK ROAD, SUITE 750
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MITCHELL B. KIRSCHNER, AUTHORIZED REP.

REP

04/17/2006

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