


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90046 033 ****50.00

DOCUMENT # L04000038490	
1. Entity Name MURPHY, LLC	

Principal Place of Business 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442	Mailing Address 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE



02092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 71-0967413	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PORTEN, SCOTT
 666 SOUTH MILITARY TRAIL
 DEERFIELD BEACH, FL 33442

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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 reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRX <i>MGR</i> PORTEN, SCOTT 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM</i> <i>Porten Development Corp.</i> <i>666 S. Military Trail</i> <i>Deerfield Beach FL - 33442</i> <i>Adoption</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Bonnie J. Co* *01 2/16/06 954 422 1883*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #