

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # L00000006807

1. Entity Name
JOSEPH PARTNERS, LLC



Principal Place of Business

**11900 BISCAYNE BLVD
SUITE 262
MIAMI, FL 33181**

Mailing Address

**11900 BISCAYNE BLVD
SUITE 262
MIAMI, FL 33181**



03122008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1022059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREEN, PATRICIA K
2200 MUSEUM TOWER
150 WEST FLAGLER ST
MIAMI, FL 33130**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/22/08-0004-000 142.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STONE, ELLIOT
STREET ADDRESS	11900 BISCAYNE BLVD STE 262
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	MGR
NAME	DOLPHIN PROPERTIES INVESTMENT LLC
STREET ADDRESS	1700 NW 66 AVE #102
CITY-ST-ZIP	PLANTATION, FL 33313
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:

Elliot Stone

4/3/08

305-891-3331

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

Date

Daytime Phone #