

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000010129

1. Entity Name  
LAUDERDALE PROPERTIES & INVESTMENTS, L.L.C.



Principal Place of Business  
4300 NORTH UNIVERSITY DR. STE. D-103  
LAUDERHILL, FL 33351

Mailing Address  
4300 NORTH UNIVERSITY DR. STE. D-103  
LAUDERHILL, FL 33351



04282004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1114565

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FORMAN, H. COLLINS JR ESQ.  
1323 SOUTHEAST THIRD AVE.  
FT. LAUDERDALE, FL 33316

**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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000144712

04/30/04-00142-016-50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MURPHY, WILLIAM M
STREET ADDRESS	4300 NORTH UNIVERSITY DR. STE. D-103
CITY - ST - ZIP	LAUDERHILL, FL 33351
TITLE	MGR
NAME	FORMAN, MILES AUSTIN
STREET ADDRESS	4300 NORTH UNIVERSITY DR. STE. D-103
CITY - ST - ZIP	LAUDERHILL, FL 33351
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 exemption stated in Section 119.07(3)(i), 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: William M. Murphy

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

William M. Murphy  
Manager

4/28/04

Date

Daytime Phone #

(954)  
746-2221