



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90017 010 \*\*\*\*50.00

|  |   |  |                       |  |  |
|--|---|--|-----------------------|--|--|
| <b>DOCUMENT # L01000010129</b><br>1. Entity Name<br><b>LAUDERDALE PROPERTIES &amp; INVESTMENTS, L.L.C.</b>   |   |  |                       |   |  |
| Principal Place of Business<br><b>4300 NORTH UNIVERSITY DR. STE. D-103<br/>LAUDERHILL, FL 33351</b>  |   |  |                       | Mailing Address<br><b>4300 NORTH UNIVERSITY DR. STE. D-103<br/>LAUDERHILL, FL 33351</b>  |  |
| 2. Principal Place of Business<br><b>1700 NW 66 AVE</b><br>Suite, Apt. #, etc.<br><b># 102</b>   |   | 3. Mailing Address<br><b>1700 NW 66 AVE</b><br>Suite, Apt. #, etc.<br><b># 102</b> |                       |    |  |
| City & State<br><b>Plantation, FL</b><br>Zip<br><b>33313</b>   |   | City & State<br><b>Plantation FL</b><br>Zip<br><b>33313</b>                        |                       | 4. FEI Number<br><b>65-1114565</b>   |  |
| Country<br><b>USA</b>  |   | Country<br><b>USA</b>  |                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FORMAN, H. COLLINS JR ESQ.<br/>1323 SOUTHEAST THIRD AVE.<br/>FT. LAUDERDALE, FL 33316</b>  |   |  |                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |                       |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>                       |                       |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>MURPHY, WILLIAM M<br>4300 NORTH UNIVERSITY DR. STE. D-103<br>LAUDERHILL, FL 33351    | <input type="checkbox"/> Delete  |                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>FORMAN, MILES AUSTIN<br>4300 NORTH UNIVERSITY DR. STE. D-103<br>LAUDERHILL, FL 33351 | <input type="checkbox"/> Delete  |                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>Miles Austin Forman<br>1700 NW 66 AVE #102<br>Plantation, FL 33313                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>William M. Murphy<br>1700 NW 66 AVE #102<br>Plantation, FL 33313                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>Miles Austin Forman<br>1700 NW 66 AVE #102<br>Plantation, FL 33313                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>William M. Murphy<br>1700 NW 66 AVE #102<br>Plantation, FL 33313                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>Miles Austin Forman<br>1700 NW 66 AVE #102<br>Plantation, FL 33313                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>William M. Murphy<br>1700 NW 66 AVE #102<br>Plantation, FL 33313                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |                       |  |  |
| 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: <u>William M. Murphy</u> <b>4/4/06</b> <b>(954) 746-2221</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  |   |  |                       |  |  |