

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90405 025 \*\*\*138.75

60012102



<b>DOCUMENT # L02000003352</b> 1. Entity Name <b>MURPHY &amp; O'BRIEN LTD. COMPANY</b>					
Principal Place of Business <b>2125 BISCAYNE BLVD</b> <b>205</b> <b>MIAMI, FL 33137</b>			Mailing Address <b>2125 BISCAYNE BLVD</b> <b>205</b> <b>MIAMI, FL 33137</b>		
2. Principal Place of Business - No P.O. Box # <b>152 N.E 167 Street</b>		3. Mailing Address <b>152 NE 167 Street</b>			
Suite, Apt. #, etc. <b>Suite 300</b>		Suite, Apt. #, etc. <b>Suite 300</b>			
City & State <b>North Miami Beach FL</b>		City & State <b>North Miami Beach FL</b>			
Zip <b>33162</b>		Country <b>Miami Dade</b>		Zip <b>33162</b>	
Country <b>Miami Dade</b>		4. FEI Number <b>80-0120204</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MURPHY, WILLIAM F</b> <b>2125 BISCAYNE BLVD</b> <b>MIAMI, FL 33137</b>			7. Name and Address of New Registered Agent Name <b>Murphy, William F</b> Street Address (P.O. Box Number is Not Acceptable) <b>152 NE 167 Street Ste 300</b> City <b>North Miami Beach FL</b> Zip Code <b>33162</b>		
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  DATE <b>2/28/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE <b>MGR</b>	NAME <b>MURPHY, WILLIAM F</b>		TITLE <b>MGR</b>	NAME <b>MURPHY, WILLIAM F</b>	
STREET ADDRESS <b>2125 BISCAYNE BLVD STE 205</b>	CITY-ST-ZIP <b>MIAMI, FL 33137</b>		STREET ADDRESS <b>152 NE 167 Street Ste 300</b>	CITY-ST-ZIP <b>North Miami Beach FL 33162</b>	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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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:			Date <b>2/28/08</b> Daytime Phone # <b>(305) 948-7355</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					