


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000020464 1. Entity Name CORAL RIDGE PROPERTIES & INVESTMENTS, LLC	
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Principal Place of Business
4300 NORTH UNIVERSITY DRIVE
SUITE D-103
LAUDERHILL, FL 33351

Mailing Address
4300 NORTH UNIVERSITY DRIVE
SUITE D-103
LAUDERHILL, FL 33351



DO NOT WRITE IN THIS SPACE

04222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
57-1176367

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORMAN, MILES AUSTIN
888 SOUTHEAST THIRD AVENUE
SUITE 501
FORT 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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, WILLIAM M 4300 NORTH UNIVERSITY DR., STE. D-103 LAUDERHILL, FL 33351
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORMAN, MILES AUSTIN 888 SOUTHEAST THIRD AVENUE, STE. 501 FORT LAUDERDALE, FL 33316
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/23/05-00013-020 50.00

**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: W. Murphy

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

4/26/05

Date

954-741-2221

Daytime Phone #