

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2006 90017 011 \*\*\*\*50.00

<b>DOCUMENT #</b> L03000020464	
<b>1. Entity Name</b> CORAL RIDGE PROPERTIES & INVESTMENTS, LLC	

<b>Principal Place of Business</b> 4300 NORTH UNIVERSITY DRIVE SUITE D-103 LAUDERHILL, FL 33351	<b>Mailing Address</b> 4300 NORTH UNIVERSITY DRIVE SUITE D-103 LAUDERHILL, FL 33351
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<b>2. Principal Place of Business</b> 1700 NW 66 AVE Suite, Apt. #, etc. # 102 City & State Plantation, FL Zip 33313 Country USA	<b>3. Mailing Address</b> 1700 NW 66 AVE Suite, Apt. #, etc. # 102 City & State Plantation, FL Zip 33313 Country USA
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04042006 Chg-LLC CR2E083 (11/05)

<b>4. FEI Number</b> 57-1176367	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> FORMAN, MILES AUSTIN 888 SOUTHEAST THIRD AVENUE SUITE 501 FORT LAUDERDALE, FL 33316	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> MURPHY, WILLIAM M 4300 NORTH UNIVERSITY DR., STE. D-103 LAUDERHILL, FL 33351 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> William M. Murphy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1700 NW 66 AVE #102 Plantation, FL 33313
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> FORMAN, MILES AUSTIN 888 SOUTHEAST THIRD AVENUE, STE. 501 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input 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:**  **William Murphy** **4/4/06** **746-2221** **(954)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #