## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000078133

CULLIFER DOCKS, L.L.C.

Principal Place of Business

400 S. US HIGHWAY ONE

SUITE #4 JUPITER, FL 33477 Mailing Address

400 S. US HIGHWAY ONE

SUITE #4

JUPITER, FL 33477

## **FILED** Jan 18, 2007 8:00 am Secretary of State

01-18-2007 90017 042 \*\*\*\*50.00



01152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-2474753		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

GIRVIN,, DR ESQ. 1080 EAST INDIANTOWN RD.

JUPITERSFL 33477

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8. The above the obliga	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered	d office or registered agent, or both, in the Sta	ate of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)		DATE	
	ੀ iling Fee is \$50.00 ue by May 1, 2007	· · ·			
9.	MANAGING MEMBERS/MANAGERS		1000	, ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CULLIFER, RICHARD H .400 S US HIGHWAY ONE, SUITE 4 JUPITER, FL 33477				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ,	IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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 receive yor trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #