


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90023 009 \*\*\*\*50.00

EP DVN FOU!\$ L04000079877 2/ Entity Name MURPHY ANWANDTER LLC	
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Principal Place of Business 2631!CF216U !TUSFFU NBNJTI PSFT!GM44249	Mailing Address 2631!CF216U !TUSFFU NBNJTI PSFT!GM44249
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3/ Principal Place of Business Suite, Apt. #, etc. City & State Zip	4/ Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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04152006 Di h.MD DS3F194!22016\*

5/ FEI Number 22-3905854	Applied For Not Applicable
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6/ Certificate of Status Desired <input type="checkbox"/>	%6/11 Beejjpobm G f !Sf r vj s e
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7/ Obn f !boe!Beesf t t !pgDvssf ouSf hjt u f s e !Bhf ou MURPHY, KATHLEEN M 1520 NE 105TH STREET MIAMI SHORES, FL 33138	8/ Obn f !boe!Beesf t t !pgOf x !Sf hjt u f s e !Bhf ou Name Street Address (P.O. Box Number is Not Acceptable) City GM Zip Code
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9/ 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

April 17, 2006

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, KATHLEEN M 1520 NE 105TH STREET MIAMI SHORES, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

22/ 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.

TJHOBVVSF:

TJHOBVVSF BOE LZQFE PS QSJUFF OBNF PGTJQDH NBOBH.DH NFNCFS- NBOBHFS-PSIBVU PSJ FEISQSFTEBUBWV

April 17 2006 305 845 3843  
Date Daytime Phone #