

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035403

FILED
Apr 30, 2009
Secretary of State

Entity Name: DOLPHIN PROPERTIES & INVESTMENTS #4 LLC

Current Principal Place of Business:

1700 NW 66 AVE
102
PLANTATION, FL 33313

New Principal Place of Business:

2380 COLLEGE AVENUE
DAVIE, FL 33317

Current Mailing Address:

1700 NW 66 AVE
102
PLANTATION, FL 33313

New Mailing Address:

P.O. BOX 292037
DAVIE, FL 33329

FEI Number: 52-2457741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORMAN, MILES A
888 SE 3RD AVE.
SUITE 501
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

FORMAN, M. AUSTIN
888 SE 3RD AVE.
SUITE 501
FT. LAUDERDALE, FL 33316 US

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.

SIGNATURE: M. AUSTIN FORMAN

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FORMAN, MILES A
Address: 888 SE 3RD AVE SUITE 501
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: MGR () Delete
Name: MURPHY, WILLIAM M
Address: 1700 NW 66 AVE., #102
City-St-Zip: PLANTATION, FL 33313

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FORMAN, M. AUSTIN
Address: 888 SE 3RD AVE SUITE 501
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: M. AUSTIN FORMAN

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date