2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State
04-25-2006 90022 007 ****50.00

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1. Entity Name
DOLPHIN PROPERTIES & INVESTMENTS #11 LLC

04052006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
4300 N. UNIVERSITY DR. D-103 FT. LAUDERDALE, FL 33351 US	4300 N. UNIVERSITY DR. D-103 FT. LAUDERDALE, FL 33351 US

2. Principal Place of Business	3. Mailing Address
1700 NW 66 Ave	1700 NW 66 Ave
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. #102
City & State Plantation FL	City & State Plantation FL
Zip 33313 Country USA	Zip 33313 Country USA

4. FEI Number 52-2457723 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORMAN, MILES A 888 SE 3RD AVE 501 FT. LAUDERDALE, FL 33316	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, WILLIAM M 4300 N. UNIVERSITY DR. D-103 FT. LAUDERDALE, FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR William M. Murphy 1700 NW 66 Ave #102 Plantation FL 33313	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORMAN, MILES A 888 SE 3RD AVE SUITE 501 FT. LAUDERDALE, FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] William Murphy 4/4/06 (954) 746-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #