

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90022 032 \*\*\*\*50.00

**DOCUMENT # L05000040350**

1. Entity Name  
**SPOTTED DOLPHIN PROPERTIES & INVESTMENTS LLC**



Principal Place of Business  
**4300 N. UNIVERSITY DR.  
D-103  
LAUDERHILL, FL 33351 US**

Mailing Address  
**4300 N. UNIVERSITY DR.  
D-103  
LAUDERHILL, FL 33351 US**

**20035119**



2. Principal Place of Business  
**1700 NW 66 AVE**

3. Mailing Address  
**1700 NW 66 AVE**

Suite, Apt. #, etc.  
**#102**

Suite, Apt. #, etc.  
**#102**

04052006 Chg-LLC CR2E083 (11/05)

City & State  
**Plantation FL**

City & State  
**Plantation FL**

4. FEI Number  
**54-2172799** Applied For  
Not Applicable

Zip  
**33313** Country  
**USA**

Zip  
**33313** Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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

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  
**MGR  
MURPHY, WILLIAM M  
4300 N. UNIVERSITY DR. D-103  
LAUDERHILL, FL 33351** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR William M. Murphy #102  
1700 NW 66 AVE  
Plantation FL 33313** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:** *William Murphy* **William Murphy** **4/4/06** **746-2221**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #