


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90031 049 ****50.00

DOCUMENT # L05000040350 1. Entity Name SPOTTED DOLPHIN PROPERTIES & INVESTMENTS LLC	
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Principal Place of Business 1700 NW 66 AVE 102 FORT LAUDERDALE, FL 33313 US	Mailing Address 1700 NW 66 AVE 102 FORT LAUDERDALE, FL 33313 US
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40070120



03292007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2172799	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>
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**Filing Fee is \$50.00
Due by May 1, 2007**

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MURPHY, WILLIAM M 1700 NW 66 AVE 102 FORT LAUDERDALE, FL 33313
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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.
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SIGNATURE: <u>William M. Murphy</u> William M. Murphy <u>4/2/07</u> <u>954-746-2221</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>
