

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000040350**

1. Entity Name

**SPOTTED DOLPHIN PROPERTIES & INVESTMENTS LLC**



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**

**DO NOT WRITE IN THIS SPACE**



01222008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

**54-2172799**

Applied For

Not Applicable

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**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	FORMAN, MILES A
STREET ADDRESS	888 SE 3RD AVE. SUITE 501
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	MGR
NAME	MURPHY, WILLIAM M
STREET ADDRESS	1700 NW 66 AVE 102
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000925841  
05/20/08-80042-013 138.75

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*William M. Murphy* 3/4/08 746-2221 (954)