

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90179 014 ****50.00

DOCUMENT # L06000103396

1. Entity Name
DOUGHERTY FAMILY ASSOCIATES - FL, LLC



Principal Place of Business
**1003 CLUBHOUSE CIRCLE
JUPITER, FL 33477**

Mailing Address
**1003 CLUBHOUSE CIRCLE
JUPITER, FL 33477**

60030337



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
7030 E. LAGO Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082007 Chg-LLC CR2E083 (12/06)

City & State

City & State
Coral Gables FL

4. FEI Number
205770375

Applied For
Not Applicable

Zip

Country

Zip
33143

Country
USA

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

**HEBB, ELIZABETH
7230 EAST LAGO DRIVE
CORAL GABLES, FL 33143-6520**

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

Elizabeth Hebb

Elizabeth Hebb

3-16-07

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BOOZAN, KATHLEEN
111 MURPHY DRIVE
PENNINGTON, NJ 08534** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ALLEN, PATRICIA D
78-450 VIA SEVILLA
LA QUINTA, CA 92253** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HEBB, ELIZABETH
7330 EAST LAGO DRIVE
CORAL GABLES, FL 331436520** ☐ Delete

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

TITLE
NAME
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CITY - ST - ZIP
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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.

SIGNATURE:

Elizabeth Hebb

Elizabeth Hebb

3-16-07

3056655152

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

Date

Daytime Phone #