


**FILED**

**Apr 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L99000001318</b>		
1. Entity Name: <b>SUFFOLK COURT, LLC</b>		
Principal Place of Business	Mailing Address	
<b>11900 BISCAYNE BLVD., SUITE 262 NORTH MIAMI, FL 33181</b>	<b>11900 BISCAYNE BLVD., SUITE 262 NORTH MIAMI, FL 33181</b>	



**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1007031	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent
<p>GREEN, PATRICIA K            2200 MUSEUM TOWER, 150 WEST FLAGLER ST.            MIAMI, FL 33130</p>

**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)

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

UNDERTAKING  
14/22/08-R0064-01 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CASTLE SUFFOLK CORP. 11900 BISCAYNE BLVD., SUITE 262 NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DOLPHIN PROPERTIES INVESTMENTS LLC 1700 NW 66TH AVE #102 PLANTATION, FL 33313
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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 # \_\_\_\_\_