


2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000004154	
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1. Entity Name
ROYAL AMBLING BRISTOL, LLC

Principal Place of Business
11900 BISCAYNE BOULEVARD, SUITE 262
NORTH MIAMI, FL 33181

Mailing Address
11900 BISCAYNE BOULEVARD, SUITE 262
NORTH MIAMI, FL 33181



03012007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0989960	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CASTLE BRISTOL CORPORATION
11900 BISCAYNE BOULEVARD, SUITE 262
NORTH MIAMI, FL 33181

**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

Filing Fee is \$50.00
Due by May 1, 2007

U000000669837
03/27/07-80087-023 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTLE BRISTOL CORPORATION 11900 BISCAYNE BOULEVARD, SUITE 262 NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOLPHIN PROPERTIES INVESTMENTS LLC 1700 NW 66TH AVE 102 FORT LAUDERDALE, FL 33313
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 #

3/14/07 305 8913331