

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000004154**

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**



03122008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0989960**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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 \_\_\_\_\_

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

00000000000000000000  
04/22/08-80064-012 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE - MGRM  
NAME CASTLE BRISTOL CORPORATION  
STREET ADDRESS 11900 BISCAYNE BOULEVARD, SUITE 262  
CITY-ST-ZIP NORTH MIAMI, FL 33181

TITLE - MGR  
NAME DOLPHIN PROPERTIES INVESTMENTS LLC  
STREET ADDRESS 1700 NW 66TH 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

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 #

4/3/08 305 891333