2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000007325

1. Entity Name
DORCHESTER COURT, LLC



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

Principal Place of Business

Mailing Address

11900 BISCAYNE BOULEVARD, SUITE 262 NORTH MIAMI BEACH, FL 33181 11900 BISCAYNE BOULEVARD, SUITE 262 NORTH MIAMI BEACH, FL 33181



03122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1022055 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, PATRICIA K 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130

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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

U4/22/08-80064-008 143.75

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	STONE, ELLIOT
STREET ADDRESS	11900 BISCAYNE BLVD., 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	
11. Lherehy r	certify that the information supplied with this filing does not qualify for the ex-

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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:

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

4/3/08

305-891-3337

Daylime Phone