

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030172

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: DORMITORY HOUSING PARTNERS, LLC

**Current Principal Place of Business:**

11850 UNIVERSITY BLVD.  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

11850 UNIVERSITY BLVD.  
ORLANDO, FL 32817

**New Mailing Address:**

FEI Number: 59-2957408      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ANDERSON, KATHLEEN S  
311 ALTAMONTE COMMERCE BLVD  
STE 1612  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

PEGRAM, GEORGE L  
11850 UNIVERSITY BLVD  
ORLANDO, FL 32817 US

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.

SIGNATURE: GEORGE L PEGRAM

03/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DEMETREE, MARY L  
Address: 3348 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: MGR ( ) Delete  
Name: PEGRAM, GEORGE L  
Address: 11850 UNIVERSITY BLVD.  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DEMETREE, MARY L  
Address: 1350 N ORANGE AVENUE #100  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE L PEGRAM

MGR

03/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date