2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A08197

1. Entity Name
DORR ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
ONE SE THIRD AVE STE. 3050 MIAMI, FL 33131	ONE SE THIRD AVE STE. 3050 MIAMI, FL 33131

01052004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 22-2288842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSENBERG, DONALD S. ONE SE THIRD AVE. STE. 2600 MIAMI, FL 33131	Name Street Address (P.O Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	$1,195,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	O'NEILL, GEORGE D., JR.	CITY-ST-ZIP	
STREET ADDRESS	MOUNTAIN LAKE		
CITY-ST-ZIP	LAKE WALES, FL		
DOCUMENT #		STREET ADDRESS	000000094781 03/24/04-80004-006 535.00
NAME	CAULKINS, ABBY		
STREET ADDRESS	825 HARDSCRABBLE ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	CHAPPAQUA, NY 105143011		
DOCUMENT #		STREET ADDRESS	
NAME	O'NEILL, DAVID M.		
STREET ADDRESS	1511 COTTONWOOD LANE	CITY-ST-ZIP	
CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80121		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Geo D O'Neill 3/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #