2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 23, 2006 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

DO NOT WRITE IN THIS SPACE

01052006 No Chg-LP CR2E003 (11/05)

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

ROSENBERG, DONALD S.
ONE SE THIRD AVE.
STE. 2600
MIAMI, FL 33131

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

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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

DOCUMENT #	
NAME	O'NEILL, GEORGE D., JR.
STREET ADDRESS	MOUNTAIN LAKE
CITY-ST-ZIP	LAKE WALES, FL
DOCUMENT #	
NAME	CAULKINS, ABBY
STREET ADDRESS	825 HARDSCRABBLE ROAD
CITY-ST-ZIP	CHAPPAQUA, NY 105143011
DOCUMENT #	
NAME	O'NEILL, DAVID M.
STREET ADDRESS	1511 COTTONWOOD LANE
CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80121
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/06-80015-007 508.75

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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ 1/6/06 305 358 2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #