

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # A08197

1. Entity Name
DORR ASSOCIATES, LTD.



Principal Place of Business

**ONE SE THIRD AVE
STE. 3050
MIAMI, FL 33131**

Mailing Address

**ONE SE THIRD AVE
STE. 3050
MIAMI, FL 33131**



01042007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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**

**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.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE