FILED
May 07, 2007 8:00 am
Secretary of State
04-04-2007 90038 013 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000021700

1. Entity Name
DORA INVESTMENTS LLC

30007146

Principal Place of Business	Mailing Address
400 FIFTH AVENUE SOUTH, SUITE 304 NAPLES, FL 34102	400 FIFTH AVENUE SOUTH, SUITE 304 NAPLES, FL 34102

03262007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-0583385
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, JOHN S
1800 GALLEON DRIVE
NAPLES, FL 34102

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MOORE, JOHN S
STREET ADDRESS	400 FIFTH AVENUE SOUTH, SUITE 304
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGR
NAME	KELLER, SANDRA W
STREET ADDRESS	400 FIFTH AVENUE SOUTH, SUITE 304
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGR
NAME	WATERMAN, A.P. JR.
STREET ADDRESS	400 FIFTH AVENUE SOUTH, SUITE 304
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGR
NAME	WATERMAN, CHRISTINE B
STREET ADDRESS	400 FIFTH AVENUE SOUTH, SUITE 304
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 5/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JOHN. S. MOORE