


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000030172
 1. Entity Name
DORMITORY HOUSING PARTNERS, LLC



Principal Place of Business
**11850 UNIVERSITY BLVD.
 ORLANDO, FL 32817**

Mailing Address
**11850 UNIVERSITY BLVD.
 ORLANDO, FL 32817**



04062006 No' Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2957408

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ANDERSON, KATHLEEN S
 311 ALTAMONTE COMMERCE BLVD
 STE 1812
 ALTAMONTE SPRINGS, FL 32714**

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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 _____ (NOTE: Registered Agents signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DEMETREE, MARY L 3348 EDGEWATER DRIVE ORLANDO, FL 32804 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PEGRAM, GEORGE L 11850 UNIVERSITY BLVD. ORLANDO, FL 32817 |
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 05/02/06-80036-022 50.00

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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 603, Florida Statutes.

SIGNATURE:  **4/10/06** **407-360-0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #