


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2008 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

DO NOT WRITE IN THIS SPACE



04242008No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-2957408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, KATHLEEN S
 311 ALTAMONTE COMMERCE BLVD
 STE 1612
 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 Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000952794
 06/05/08-80003-008 138.75

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 608, Florida Statutes.

SIGNATURE: _____ **4/25/08** **407.380.0000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #