2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000032411

LAKÉ DORA PARTNERS, LLC



Secretary of State

Principal Place of Business

9180 GALLERIA COURT

STE 600 NAPLES, FL 34109 Mailing Address

9180 GALLERIA COURT #600

NAPLES, FL 34109



FILED

Jul 05, 2005 08:00 AM

06292005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 43-1985718 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

6. Name and Address of Current Registered Agent

AYRES, JOHN E JR 9180 GALLERIA COURT STE. 600 NAPLES, FL 34109

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8. The above the obligation	e named entity submits this statement for the purpose of char tlons of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
Signature, typed or printed name of registered agent and title il applicable		(NOTE Registered Agent signature required when reinstating) DATE	
, Fil Due i	ling Fee is \$50.00 by September 7, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM AYERS, JOHN E 9180 GALLERIA COURT STE. 600 NAPLES, FL 34109		U00000370339 07/05/05-80011-023 50.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of instee enhancement of the receiver of instee enhancement of the same legal effect as if made under oath, that I am a managing member or manager of the

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP