L02000324111

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

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FILED

03 AUG 19 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000032411

1. Entity Name

LAKE DORA PARTNERS, LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address	4. FEI Number	
100 N. ALEXANDER ST	9180 Galleria Court ~~Ste 600~~ Ste 600	43-1985718	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: MT. DORA, FL	City & State: Naples, FL.		
Zip: 32757 Country: LAKE	Zip: 34109 Country: Collier	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name: JOHN E. AYRES JR.

Street Address (P.O. Box Number is Not Acceptable): 9180 Galleria Court Ste 600

City: Naples FL Zip Code: 34109

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, the registered agent.

SIGNATURE: [signature] DATE: 3/31/03

Mail Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Mgr. Member MGRM
NAME	JOHN E. AYRES JR.
STREET ADDRESS	9180 Galleria Court Suite 600
CITY-ST-ZIP	Naples, FL. 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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CR2E053B (12/02)

11. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 3/31/03 239-449-1800

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