# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000007910**

1. Entity Name
DARTMOUTH, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 255 SOUTH ORANGE AVE., STE. 1700 ORLANDO, FL 32801 | 255 SOUTH ORANGE AVE., STE. 1700 ORLANDO, FL 32801 |

# DO NOT WRITE IN THIS SPACE

01122005 No Chg-LLC          CR2E083 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 56-2346752 | Not Applicable |

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

### 6. Name and Address of Current Registered Agent

CHRISTIANSEN, PATRICK T ESQ
255 SOUTH ORANGE AVE., STE. 1700
ORLANDO, FL 32801

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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 _____

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

**Filing Fee is $50.00**
**Due by May 1, 2005**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | REAL ESTATE COLLABORATIVE LLC |
| STREET ADDRESS | 550 IVANHOE PLAZA |
| CITY-ST-ZIP | ORLANDO, FL 32804 |
| TITLE | |
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03/04/05-80054-020 50.00

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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: _Patrick Christiansen_          2-25-05   407·843·7860

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