

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90203 030 \*\*\*\*50.00

<b>DOCUMENT # L03000007910</b> 1. Entity Name <b>DARTMOUTH, LLC</b>					
Principal Place of Business <b>255 SOUTH ORANGE AVE., STE. 1700 ORLANDO, FL 32801</b>			Mailing Address <b>255 SOUTH ORANGE AVE., STE. 1700 ORLANDO, FL 32801</b>		
2. Principal Place of Business <b>420 South Orange Avenue</b>		3. Mailing Address <b>Post Office Box 231</b>			
Suite, Apt. #, etc. <b>Suite 1200</b>		Suite, Apt. #, etc. 			
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, Florida</b>			
Zip <b>32801</b>		Country <b>USA</b>		4. FEI Number <b>56-2346752</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHRISTIANSEN, PATRICK T ESQ 255 SOUTH ORANGE AVE., STE. 1700 ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name <b>Patrick T. Christiansen</b> Street Address (P.O. Box Number is Not Acceptable) <b>420 South Orange Avenue, Suite 1200</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32801</b>	
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 <b>3/7/06</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REAL ESTATE COLLABORATIVE LLC 550 IVANHOE PLAZA ORLANDO, FL 32804	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Real Estate Collaborative, LLC 722 Vassar Street Orlando, Florida 32804
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:				<b>3/7/06 407-423-4000</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	