


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90281 012 ****50.00

DOCUMENT # L03000008886


1. Entity Name
DORA LAKE & LAND REALTY LLC



Principal Place of Business 245 S. HIGHLAND AVENUE SUITE 7 MOUNT DORA, FL 32757 US	Mailing Address 245 S. HIGHLAND AVENUE SUITE 7 MOUNT DORA, FL 32757 US
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2. Principal Place of Business 13625 DEVENSHIRE CT. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 350205 Suite, Apt. #, etc.
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City & State GRAND ISLAND, FL Zip 32735 Country U.S.A.	City & State GRAND ISLAND, FL Zip 32735 Country U.S.A.
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02112004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3777796

5. Certificate of Status Desired \$5.00 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

MASTERS, BETTY J
 13625 DEVENSHIRE CT.
 GRAND ISLAND, FL 32735

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State **FL** Zip Code _____

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 *Betty J Masters* DATE 4-9-04

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

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. BETH J. MASTERS 13625 DEVENSHIRE CT. GRAND ISLAND, FL 32735 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: *Betty J Masters*