

# 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

**2. Principal Place of Business**  
13625 DEVENSHIRE CT.  
Suite, Apt. #, etc.

**3. Mailing Address**  
P.O. Box 350205  
Suite, Apt. #, etc.



02112004 Chg-LLC CR2E083 (10/03)

**City & State**  
Grand Island, FL  
Zip Country  
32735 U.S.A.

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Grand Island, FL  
Zip Country  
32735 U.S.A.

**4. FEI Number**  
59-3777796  
☐ Applied For  
☐ Not Applicable

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

**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** **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*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE** 4-9-04

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

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** Mgr. ☐ Delete  
**NAME** BETTY J. MASTERS  
**STREET ADDRESS** 13625 DEVENSHIRE CT.  
**CITY-ST-ZIP** GRAND ISLAND, FL 32735

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS/CHANGES**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**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*