

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

05-02-2005 90376 028 ****50.00

DOCUMENT # L04000018210					
1. Entity Name DORCESTER DEVELOPMENT LLC					
Principal Place of Business 13938B EGRET TOWER DR ORLANDO, FL 32837			Mailing Address 13938B EGRET TOWER DR ORLANDO, FL 32837		
2. Principal Place of Business 950 Celebration Blvd.		3. Mailing Address 950 Celebration Blvd.			
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A			
City & State Celebration, FL		City & State Celebration, FL			
Zip 34747		Zip 34747			
Country		Country			
4. FEI Number 20-337140				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVE. NORTH NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGR Michael Leggett 950 Celebration Blvd., Suite A Celebration, FL 34747		
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
			MGR Rick Murdoch 950 Celebration Blvd., Suite A Celebration, FL 34747		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					