



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

01-10-2005 90052 007 ****50.00
08-17-2005 90068 027 ****55.00

DOCUMENT # L04000023061 1. Entity Name DORSET PROPERTY INVESTMENT GROUP, LLC					
Principal Place of Business 1751 S. DIXIE HIGHWAY, SUITE 18C POMPANO BEACH, FL 33060			Mailing Address 1751 S. DIXIE HIGHWAY, SUITE 18C POMPANO BEACH, FL 33060		
2. Principal Place of Business 1751 S. Dixie Hwy Suite, Apt. #, etc. 18C		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Pompano Bch FL		City & State		4. FEI Number 08082005 Chg-LLC CR2E083 (10/03)	
Zip 33060		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SQUIRE, JACQUELINE K 1812 SW 9 AVENUE FORT LAUDERDALE, FL 33315				7. Name and Address of New Registered Agent Name JACQUELINE K. SQUIRE Street Address (P.O. Box Number is Not Acceptable) 1812 SW 10th Ave City Fort Lauderdale FL Zip Code 33315	
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 <u><i>J. Squire</i></u> DATE 8-11-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SQUIRE, IAN G 1812 SW 9 AVENUE FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SQUIRE, JACQUELINE K 1751 S. DIXIE HIGHWAY, SUITE 18C POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HATT, PHILLIP 9010 SOUTH LAKE DASHA DRIVE PLANTATION, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>J. Squire</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 8-11-05 <small>Date Daytime Phone #</small>	