

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	
Zip 33060		Country USA	
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.		4. FEI Number: 08082005 Chg-LLC CR2E083 (10/03) Applied For: <input checked="" type="checkbox"/> Not Applicable	
SIGNATURE: <i>J. Squire</i> Signature, typed or printed name of registered agent or title if applicable. (NOTE: Registered Agent signature required when reinstating.)		5. Certificate of Status Desired: <input checked="" type="checkbox"/> \$5.00 Additional Fee Required DATE: 8-11-05	
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: MGRM NAME: SQUIRE, IAN G STREET ADDRESS: 1812 SW 9 AVENUE CITY-ST-ZIP: FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 1812 SW 10th Ave CITY-ST-ZIP:	
TITLE: MGRM NAME: SQUIRE, JACQUELINE K STREET ADDRESS: 1751 S. DIXIE HIGHWAY, SUITE 18C CITY-ST-ZIP: POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: MGRM NAME: HATT, PHILLIP STREET ADDRESS: 9010 SOUTH LAKE DASHA DRIVE CITY-ST-ZIP: PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 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: <i>J. Squire</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 8-11-05 Daytime Phone #:	