


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000076268		
1. Entity Name THE DORCHESTER GROUP, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 27 AM 10:53

Principal Place of Business 950 WINTER PARK DRIVE CASSELBERRY, FL 32707	Mailing Address 950 WINTER PARK DRIVE CASSELBERRY, FL 32707
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country




09262006 REIN-LLC CR2E101 (11/05)

4. FEI Number 56-2485852	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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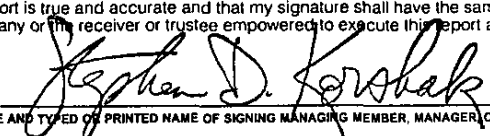
6. Name and Address of Current Registered Agent	
LYLEN, IAN J C/O KORSHAK & ASSOCIATES 8680 COMMODITY CIRCLE, SUITE 200B ORLANDO, FL 32819	

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 	DATE

FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KORSHAK, STEPHEN D 8680 COMMODITY CIRCLE, SUITE 200B ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500080221265 09/27/06--01045--012 **50.00 <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 exemptions contained in Chapter 119, 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: 	Date _____ Daytime Phone # _____