## **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**



FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90031 045 \*\*\*\*50.00

DOCUMENT # L0500004024  1. Entity Name MT. DORA WILDLIFE LLC					04-13-2006 90031 045 ****50.00			
Principal Place of Business 139 E 4TH STREET MT. DORA, FL 32757		Mailing Address 139 E 4TH STREET MT. DORA, FL 32757			₩ <b>U U</b> N	U 20 U		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03212006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State		4. FEI Numb	er - <i>12 - 5382</i>	Ar	oplied For ot Applicable	
Zip	Country	Zip Count		try	5. Certificate of Status Desired   \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
	LAWRENCE A KE HILL DR.			Street Address	(P.O. Box Numb	er is Not Acceptable	)	
MT. DORA, FL 32757								
				City			FL Zip Cod	в
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 Signature (yppd or printed narry of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE								
					•			
Fi D	iling Fee is \$50.00 ue by May 1, 2006				Make check payable to Florida Department of State			
9.	MANAGING MEMBERS/MANAGERS					ADDITION\$/	CHANGES	
TITLE NAME	MGR SEVERS, LAWRENCE A	☐ Delete	TITL NAM	ĺ			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	10729 LAKE HILL DR. CLERMONT, FL 34711			ET ADDRESS -ST-ZIP				
TITLE	MGRM SEVERS, PATRICIA P	Delete	TITL	l			☐ Change	Addition
STREET ADDRESS	10729 LAKE HILL DR. SIR		ET ADDRESS					
CHY-\$1-ZIP	CLERMONT, FL 34711	Delete	CITY	-ST-28P			☐ Change	☐ Addition
NAME			NAM	E			o.a.ge	
STREFT ADDRESS CITY-ST-ZIP				ET ADORESS - ST- ZIP				
THE		☐ Delete	TITL	1			☐ Change	Addition
NAME STREET ADDRESS			STRI	ET ADDRESS				
CITY-ST-ZIP		☐ Delete	CITY	-ST-ZIP			Change	Addition
NAME		☐ Detete	NAM	E			Change	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP				
TITLE		☐ Delete	TITL	l l			☐ Change	Addition
STREET ADDRESS	 		NAN Stri	EET ADORESS				
CITY-\$7-ZIP			1	- ST - 21P				
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: A CLUSTOCA H. SENT LAWRENCE A. SENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE