

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90099 007 \*\*\*138.75

**60026844**



03282008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000108411</b> 1. Entity Name <b>RESIDENCES OF DORMIE, LLC</b>					
Principal Place of Business <b>C/O MACKEY DEVELOPMENT, INC.          631 U.S. HIGHWAY ONE, SUITE 406          NORTH PALM BEACH, FL 33408</b>			Mailing Address <b>C/O MACKEY DEVELOPMENT, INC.          631 U.S. HIGHWAY ONE, SUITE 406          NORTH PALM BEACH, FL 33408</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>ARMOUR, ALAN I II          1645 PALM BEACH LAKES BLVD. SUITE 1200          WEST PALM BEACH, FL 33401</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>WALTER J. MACKEY, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>631 US HWY ONE</b> <b>SUITE 406</b> City <b>NORTH PALM BEACH</b> <b>FL</b> Zip Code <b>33408</b>		
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		WALTER J. MACKEY, JR.		4/14/08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTER J. MACKEY, JR. 631 US HWY ONE, STE 406 NORTH PALM BEACH FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT L. HANSEN 631 US HWY ONE, STE 406 NORTH PALM BEACH FL 33408 <input type="checkbox"/> Change <input checked="" 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	
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	
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	
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:		WALTER J. MACKEY, JR., MGRM 4/14/08 561-848-8760			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	