


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000000578</b>	
1. Entity Name MT. DORA PARTNERS, L.L.C.	

Principal Place of Business 5600 U.S. HIGHWAY 98 NORTH, SUITE 7 LAKELAND, FL 33809	Mailing Address 5600 U.S. HIGHWAY 98 NORTH, SUITE 7 LAKELAND, FL 33809
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**DO NOT WRITE IN THIS SPACE**



01052005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3558910	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  YOUNG, ROBERT B 5600 U.S. HIGHWAY 98 NORTH, SUITE 7 LAKELAND, FL 33809
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUNG, ROBERT B 5600 U.S. HIGHWAY 98 NORTH, SUITE 7 LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM YOUNG, ROBERT B 5600 U.S. HIGHWAY 98 NORTH, SUITE 7 LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM FIELD, KEITH D 428 N. DONNELLY ST., SUITE 3 MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/05-80102-022 50.00

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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:  Robert B. Young	Date: 04/11/05	Daytime Phone #: 859-5464
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		