

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # L99000000578

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



03242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3558910

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000873095
04/10/08-80065-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME YOUNG, ROBERT B
STREET ADDRESS 5600 U.S. HIGHWAY 98 NORTH, SUITE 7
CITY-ST-ZIP LAKELAND, FL 33809

TITLE MEM
NAME YOUNG, ROBERT B
STREET ADDRESS 5600 U.S. HIGHWAY 98 NORTH, SUITE 7
CITY-ST-ZIP LAKELAND, FL 33809

TITLE MEM
NAME FIELD, KEITH D
STREET ADDRESS 428 N. DONNELLY ST., SUITE 3
CITY-ST-ZIP 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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Robert B Young

03/25/08 863-859-5464

Date

Daytime Phone #