


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000002309

1. Entity Name
WM DORI, LLC



Principal Place of Business Mailing Address

3305 OCEAN DRIVE **1616-2 TATES CREEK ROAD**
VERO BEACH, FL 32963 **LEXINGTON, KY 40502**

DO NOT WRITE IN THIS SPACE



03242006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
20-1162727 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

STEWART, WILLIAM J
3355 OCEAN DRIVE
VERO BEACH, FL 32963

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006


9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BUCHER, SCOTT R
STREET ADDRESS	1616-2 TATES CREEK ROAD
CITY-ST-ZIP	LEXINGTON, KY 40502
TITLE	MGRM
NAME	BUCHER, SUSAN
STREET ADDRESS	1616-2 TATES CREEK ROAD
CITY-ST-ZIP	LEXINGTON, KY 40502
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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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: **3/31/06** Daytime Phone #: **C859B33-9700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #