


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

| | |
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| DOCUMENT # M04000002309 1. Entity Name WM DORI, LLC |  |
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|---|---|
| Principal Place of Business 3305 OCEAN DRIVE VERO BEACH, FL 32963 | Mailing Address 1616-2 TATES CREEK ROAD LEXINGTON, KY 40502 |
|---|---|



04232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-1162727 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000729358
05/08/07-80037-020 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BUCHER, SCOTT R 1616-2 TATES CREEK ROAD LEXINGTON, KY 40502 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BUCHER, SUSAN 1616-2 TATES CREEK ROAD LEXINGTON, KY 40502 |
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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 _____

4/23/07 (772) 2316413