

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # M04000002309



1. Entity Name
 WM DORI, LLC

Principal Place of Business
 3305 OCEAN DRIVE
 VERO BEACH, FL 32963

Mailing Address
 1616-2 TATES CREEK ROAD
 LEXINGTON, KY 40502



03302008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

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

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

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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 04/17/08-80043-007 138.75

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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:  SUSAN BUCHER 3/31/08 (BA) 333-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #