

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State


02-11-2005 90137 048 ****50.00

DOCUMENT # L02000034699 1. Entity Name DOMINO MANAGEMENT SERVICES LLC	
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Principal Place of Business 2121 CONNELL ST SARASOTA, FL 34237	Mailing Address PO BOX 2363 SARASOTA, FL 34230
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DO NOT WRITE IN THIS SPACE

20010003



01262005No Chg-LLC CR2E083 (10/03)

4. FEI Number 16-1642585	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

FORM-A-CORP LLC
 100 VILLAGE SQUARE CROSSING, SUITE 103
 PALM BEACH GARDENS, FL 33410-4531

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) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRC JONES, RICK 2121 CONNELL ST SARASOTA, FL 34230
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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: *Michael Jones Secretary* 2-1-05 941-552-2443

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