2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# L04000010449

Entity Name: DOMICILE LUXURY HOMES, LLC

Current Principal Place of Business:

C/O ONNO H. HORN, PRESIDENT
3809 PINEY GROVE DRIVE
TALLAHASSEE, FL 323113608

New Principal Place of Business:

C/O ONNO H. HORN, PRESIDENT
820 N CO HWY 393
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

C/O ONNO H. HORN, PRESIDENT
3809 PINEY GROVE DRIVE
TALLAHASSEE, FL 323113608

New Mailing Address:

C/O ONNO H. HORN, PRESIDENT
820 N CO HWY 393
SANTA ROSA BEACH, FL 32459

FEI Number: 20-0702617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPRINGER, JAMES C
3809 PINEY GROVE DRIVE
TALLAHASSEE, FL 323113608 US

Name and Address of New Registered Agent:

SPRINGER, JAMES C
820 N CO HWY 393
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: JAMES SPRINGER 04/08/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: THE GEMONO GROUP, LL, C
Address: 3809 PINEY GROVE DRIVE
City-St-Zip: TALLAHASSEE, FL 323113608

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DOMICILE LIFESTYLES,, LLC
Address: 3809 PINEY GROVE DRIVE
City-St-Zip: TALLAHASSEE, FL 323113608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES SPRINGER MGRM 04/08/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date