


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90039 039 ****50.00

DOCUMENT # L04000015421

1. Entity Name
DOMINION BUSINESS FINANCE, LLC



Principal Place of Business
**712 S. OREGON AVE., SUITE 200
 TAMPA, FL 33606**

Mailing Address
**712 S. OREGON AVE., SUITE 200
 TAMPA, FL 33606**



2. Principal Place of Business
1414 W. Swann Ave

3. Mailing Address
1414 W. Swann Ave

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
Suite 101

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33606

Country
USA

Zip
33606

Country
USA

04102006 Chg-LLC CR2E083 (11/05)

4. FEI Number
06-1718832

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCNAMARA, THOMAS P
 2909 BAY TO BAY BLVD., SUITE 309
 TAMPA, FL 33629**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME KRUSEN, W. ANDREW JR.	<input checked="" type="checkbox"/> Delete	TITLE MGR	NAME Jones, Douglas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 712 S. OREGON AVE., SUITE 200	CITY-ST-ZIP TAMPA, FL 33606		STREET ADDRESS 1414 W. Swann Ave, Ste 101	CITY-ST-ZIP Tampa, FL 33606	
TITLE MGR	NAME MITCHELL, JEFFREY A	<input type="checkbox"/> Delete	TITLE MGR	NAME Mitchell, Jeffrey A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 712 S. OREGON AVE., SUITE 200	CITY-ST-ZIP TAMPA, FL 33606		STREET ADDRESS 1414 W. Swann Ave, Ste 101	CITY-ST-ZIP Tampa, FL 33606	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	

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:  **4/10/2006 (813)341-3660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **X1180**