


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90073 004 ***138.75

DOCUMENT # L05000072121
 1. Entity Name
 DOMIX, LLC




Principal Place of Business Mailing Address
 1000 VENETIAN WAY UNIT 101 1000 VENETIAN WAY UNIT 101
 MIAMI, FL 33139 MIAMI, FL 33139

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

60008723

 01092008 Chg-LLC CR2E083 (12/06)
 4. FEI Number 20-3185994 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SIRLIN, DANIEL
 333 S. MIAMI AVE., SUITE 150
 MIAMI, FL 33130

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 _____ 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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------|-------------------------|-----------------------|---------------------------------|
| MGRM | SIRLIN, DOMINQUE | 1000 VENETIAN WAY 101 | MIAMI BEACH, FL 33139 | <input type="checkbox"/> |
| MGRM | SIRLIN, DANIEL | 333 S MIAMI AVE STE 150 | MIAMI, FL 33130 | <input type="checkbox"/> |
| MGRM | DUBERN, XAVIER | 1250 WAVE 141 | MIAMI BEACH, FL 33139 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS / CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|---------------|---------------------|-----------------------|--|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| MGRM | DUBERN XAVIER | 1250 WEST AV. # 14B | MIAMI BEACH, FL 33139 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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: _____ Date: 02/13/2008 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE