## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000076313

City-St-Zip:

LONGWOOD, FL 32779

Entity Name: DOMINION PROPERTIES & INVESTMENTS, LLC

FILED May 01, 2007 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 616 EAST CLUB CIRCLE LONGWOOD, FL 32779 **Current Mailing Address: New Mailing Address:** 616 EAST CLUB CIRCLE LONGWOOD, FL 32779 FEI Number: 20-5289405 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARKLEY, JAMIE A KELLEY, GOLDBERG, LEACH & COHN PL 645 ROB ROY DRIVE, C 475 MONTGOMERY PLACE CLERMONT, FL 34711 US ALTAMONTE SPRINGS, FL 32714 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: STEPHEN COHN 05/01/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete SICK, WILSON W III Name: Name: Address: 616 EAST CLUB CIRCLE Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SICK, STEVEN W Name: Address: 616 EAST CLUB CIRCLE Address:

City-St-Zip:

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: WILSON SICK MGR 05/01/2007