

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099167

FILED
Mar 11, 2008
Secretary of State

Entity Name: DOMAIN INVESTMENTS, LLC

Current Principal Place of Business:

6820 LYONS TECHNOLOGY CIR.
SUITE 230
COCONUT CREEK, FL 33073

New Principal Place of Business:

950 PENINSULA CORPORATE CIRCLE
SUITE 2006
BOCA RATON, FL 33487

Current Mailing Address:

6820 LYONS TECHNOLOGY CIR.
SUITE 230
COCONUT CREEK, FL 33073

New Mailing Address:

6820 LYONS TECHNOLOGY CIR. 950 PENINSULA CO
SUITE 2006
BOCA RATON, FL 33487

FEI Number: 20-5600895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYN, MARK J ESQ
2 SOUTH BISCAYNE BLVD.
SUITE 2680
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PHILLIPS, MARLIN
Address: 6820 LYONS TECHNOLOGY CIR.
City-St-Zip: COCONUT CREEK, FL 33073

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PHILLIPS, MARLIN
Address: 950 PENINSULA CORPORATE CIRCLE
City-St-Zip: BOCA RATON, FL 33487

Title: PRES () Change (X) Addition
Name: LEVINSON, JORDAN
Address: 950 PENINSULA CORPORATE CIRCLE
City-St-Zip: BOCA RATON, FL 33487

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: JILL SPERRY

CFO

03/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date