


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L02000014456 1. Entity Name DOMINION PROPERTIES, LLC |  |
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|--|--|
| Principal Place of Business 88980 OVERSEAS HIGHWAY TAVERNIER, FL 33070 | Mailing Address 88980 OVERSEAS HIGHWAY TAVERNIER, FL 33070 |
|--|--|

DO NOT WRITE IN THIS SPACE



01122004 No Chg-LLC

CR2E083 (10/03)

| | |
|---|-----------------------------------|
| 4. FEI Number 02-0598894 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

SULLIVAN, GAIL
88980 OVERSEAS HIGHWAY
TAVERNIER, FL 33070

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**


FL Dept of State

U00000126278
04/23/04-80027-014 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR VOGT, MICHAEL 471 NW 75TH AVE PLANTATION, FL 33324 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SPEAR, RALPH 322 WOODS AVE TAVERNIER, FL 33070 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GREENE, LINDA 88960 OVERSEAS HWY TAVERNIER, FL 33070 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #