

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90121 028 ****50.00

20053176



04252005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000014456			
1. Entity Name DOMINION PROPERTIES, LLC			
Principal Place of Business 88980 OVERSEAS HIGHWAY TAVERNIER, FL 33070		Mailing Address 88980 OVERSEAS HIGHWAY TAVERNIER, FL 33070	
2. Principal Place of Business 200 N. Ocean Blvd.		3. Mailing Address 200 N. Ocean Blvd.	
Suite, Apt. #, etc. 10 - South		Suite, Apt. #, etc. 10 - South	
City & State Delray Beach, FL		City & State Delray Beach FL	
Zip 33483		Country USA	
4. FEI Number 02-0598894		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent Name LINDA GREENE Street Address (P.O. Box Number is Not Acceptable) 200 N. OCEAN BLVD. 10 - SOUTH City Delray Beach FL Zip Code 33483	
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 <u>Linda P. Greene</u> 20 April 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VOGT, MICHAEL 471 NW 75TH AVE PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SPEAR, RALPH 322 WOODS AVE TAVERNIER, FL 33070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREENE, LINDA 88960 OVERSEAS HWY TAVERNIER, FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Linda P. Greene</u>		27 April 2005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	