2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L02000019196 1. Entity Name CARMEN DOMINGUEZ, LLC Principal Place of Business Mailing Address 1100 N. NEW YORK AVENUE 1100 N. NEW YORK AVENUE WINTER PARK, FL 32789 WINTER PARK, FL 32789 DO NOT WRITE IN THIS SPACE

FILED Apr 19, 2004 08:00 AM Secretary of State



04142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, CARMEN 1100 N. NEW YORK AVENUE WINTER PARK, FL 32789

SIGNATURE:

DO NOT WRITE IN THIS SPACE

104

Davime Phone #

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.) am familiar with, and accept the obligations of registered agent.		
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when refinsioning) DATE		
Filing Fee is \$50.00 Due by May 1, 2004 U00000119574 04/19/04-80105-011 50.00		
9.	MANAGING MEMBERS/MANAGERS	The state of the s
title Mame Street address City-St-Zkp	MGRM DOMINGUEZ, CARMEN 1100 N. NEW YORK AVENUE WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		्र विशास सर्वेष्ट १८०६ मा जिल्लामा स्थापना <u>विश्व</u> यो । <u>अस्य</u> सम्मान पूर्ण सम्मान । ।
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
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TITLE MAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS GITY-ST-ZIP		
indicated	ertify that the information supplied with this filing does not qualith on this report is true and accurate and that my signature shall he pility company or the receiver or trustee empowered to execute t	y for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further certify that the information ave the same legal effect as if made under oath; that I am a managing member or manager of the his report as required by Chapter 608, Florida Statutes.

as mana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE