Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90129 026 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000019940

1. Entity Name

DOMICILE DEVELOPMENT, LLC

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Principal Plac 23363 MIRABEL BOCA RATON	LA CIRCLE S.	Mailing Address 23363 MIRABELLA CIRCLE S. BOCA RATON FL 33433		,			• 4		
2. Principal P	Place of Business	3. Mailing Address							
						BIL OLI BULLO ILGIL USILI BULLI OL	4)	JUNIO LUCIA DE	#15 BB16 10B6
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Num	0105334		<u> </u>	oplied For at Applicable
Zip	Country	Zip	Country		5. Certifica	te of Status Desired		5.00 Add	
	6. Name and Address of Curren	t Registered Agent			7. Name ar	nd Address of New Reg			
LIAN	IC KY C			Name			<u> </u>		
2336	IG, KA C 33 MIRABELLA CIRCLE S. 34 RATON FL 33433			Street Address (F	P.O. Box Num	ber is Not Acceptable)			
				City	<u> </u>			Zip Code	
		 					FL_	L	
	named entity submits this statement to ions of registered agent.	for the purpose of changing it	its registered	office or registere	ed agent, or b	oth, in the State of Floric	ta. I am farr	niliar with, a	and accept
_	• •								
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NC	OTE: Registered Ag	gent signature required	when reinstating)		DATE		
		FILE N	NOW!!! FE	E IS \$50.00					
		Make Check Paya		•	nt of State				
		D	ue By May	1, 2003					
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/CI	HANGES		
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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 system empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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