LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000021622

1. Entity Name

DOMINION ASSET DEVELOPMENT LLC



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DOMINION ASSET DEVELOP WENT, ELO					7 U3F	IFN CO	STATE.		
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1548 The	Place of Business e Greens Way	3. Mailing Address 1548 The Greens Way				,		MIK	
Suite, Apt. Suite 4	#, etc.	Suite, Apt. #, etc. Suite 4			4/28	DO NOT WRITE	IN THIS SPAC)E	
City & Stat Jackson	e ville Beach, FL	City & State Jacksonville Beach, FL			4. FEI Number	55-0792	513	Applied For Not Applicable	
Zip 32250	Country USA	32250	Count USA		5. Certificate o	f Status Desired		00 Additional Required	
DO NOT WRITE				Name Mo	7. Name and Ado otolaw, Inc.	Idress of Current R	egistered Age	ent	
				Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE				50 North	Laura Street, S	ura Street, Suite 2500			
A THE STREET OF				City Jacksonville FL Zip Code 32202					
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.									
				orida Depar	tment of State				
9. TITLE	MANAGING MEMB	······································	TITLE	· / / / / /					
NAME STREET ADDRESS CITY-ST-ZIP	MGRM - Fletcher Group I 1548 The Greens Way, S Jacksonville Beach, FL 32	uite 4	NAME STREE					ice acco	
TITLE NAME STREET ADDRESS GITY+ST-ZIP				1	2C 04/28) OO 1.71 /03-0.027	29 3 ¥	*50.00\}	
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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 trustee employeed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Paul Z. Fletcher, MGRIV
SIGNATURE AND TYPED OBJETINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Paul Z. Fletcher, MGRM

904-285-6921

Daytime Phone #