

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90027 003 ****50.00

DOCUMENT # L02000028565 1. Entity Name FIRST DOMINION REALTY, LLC					
Principal Place of Business 712 SOUTH OREGON AVENUE, SUITE 200 TAMPA, FL 33606			Mailing Address 712 SOUTH OREGON AVENUE, SUITE 200 TAMPA, FL 33606		
2. Principal Place of Business 1414 W. SWANN AVE Suite, Apt. #, etc. SUITE 100 City & State TAMPA, FL Zip 33606		3. Mailing Address 1414 W. SWANN AVE Suite, Apt. #, etc. SUITE 100 City & State TAMPA, FL Zip 33606			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 22-3879005	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, DOUGLAS N 712 SOUTH OREGON AVENUE, SUITE 200 TAMPA, FL 33606			7. Name and Address of New Registered Agent Name JONES, DOUGLAS N Street Address (P.O. Box Number is Not Acceptable) 1414 W SWANN AVE SUITE 100 City TAMPA		
State FL			Zip Code 33606		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DOUGLAS N JONES <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/25/06 <small>DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DOUGLAS N 712 SOUTH OREGON AVENUE, SUITE 200 TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DOUGLAS N 1414 W SWANN AVE SUITE 100 TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DOUGLAS N 712 SOUTH OREGON AVENUE, SUITE 200 TAMPA, FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DOUGLAS N 1414 W SWANN AVE SUITE 100 TAMPA, FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DOUGLAS N 712 SOUTH OREGON AVENUE, SUITE 200 TAMPA, FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DOUGLAS N 712 SOUTH OREGON AVENUE, SUITE 200 TAMPA, FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DOUGLAS N 1414 W SWANN AVE SUITE 100 TAMPA, FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		DOUGLAS N JONES		4/25/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		MGR		813-837-3009	