

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L03000023324

1. Entity Name
DOMUS INVESTMENT GROUP, L.L.C.



26 AM 10: Paid MAY 02 2005
#1172

Principal Place of Business
3325 HOLLYWOOD BLVD.
401
HOLLYWOOD, FL 33021

Mailing Address
3325 HOLLYWOOD BLVD.
401
HOLLYWOOD, FL 33021



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

05022005 Chg-LLC CR2E083 (10/03)

4. FEI Number
42-1597700 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

YECUTIELI, SAMUEL E
3325 HOLLYWOOD BLVD.
401
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

05/14/05

DATE

Filing Fee is \$50.00
Due by September 7, 2005



9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
NAME MENDEL, ERVIN A
STREET ADDRESS 3325 HOLLYWOOD BLVD. #401
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM Delete
NAME YECUTIELI, SAMUEL E
STREET ADDRESS 3325 HOLLYWOOD BLVD. #401
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

05/04/05-90044-042-\$50.00
REINSTATEMENT 2005

TITLE MGRM Delete
NAME PEICHER, LEO
STREET ADDRESS 3325 HOLLYWOOD BLVD. #401
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM Delete
NAME JAEGERMAN, ARTURO
STREET ADDRESS 3325 HOLLYWOOD BLVD. #401
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

05 SEP 26 AM 10:13
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

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

Date

Daytime Phone #