


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L03000023324</b>  |   |
| 1. Entity Name<br><b>DOMUS INVESTMENT GROUP, L.L.C.</b>                               |   |
|      |   |
| Principal Place of Business<br><b>540 NW 165TH ST. RD<br/>310<br/>MIAMI, FL 33169</b> | Mailing Address<br><b>540 NW 165TH ST. RD<br/>310<br/>MIAMI, FL 33169</b> |



01302008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>42-1597700</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

**YECUTIELI, SAMUEL E  
540 NW 165TH ST. RD  
310  
MIAMI, FL 33169**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000815822  
02/14/08-80025-003 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MENDEL, ERVIN A<br>540 NW 165TH ST. RD #310<br>MIAMI, FL 33169     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>YECUTIELI, SAMUEL E<br>540 NW 165TH ST. RD #310<br>MIAMI, FL 33169 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PEICHER, LEO M<br>540 NW 165TH ST. RD #310<br>MIAMI, FL 33169      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>JAEGERMAN, ARTURO M<br>540 NW 165TH ST. RD #310<br>MIAMI, FL 33169 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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

01-30-08

Date

305-944-8844

Daytime Phone #