


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000023324
 1. Entity Name
 DOMUS INVESTMENT GROUP, L.L.C.



Principal Place of Business 540 NW 165TH ST. RD 310 MIAMI, FL 33169	Mailing Address 540 NW 165TH ST. RD 310 MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



01302008 No Chg-LLC CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent
 YECUTIELI, SAMUEL E
 540 NW 165TH ST. RD
 310
 MIAMI, FL 33169

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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

02/14/08-90025-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDEL, ERVIN A 540 NW 165TH ST. RD #310 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YECUTIELI, SAMUEL E 540 NW 165TH ST. RD #310 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEICHER, LEO M 540 NW 165TH ST. RD #310 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAEGERMAN, ARTURO M 540 NW 165TH ST. RD #310 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Leo M. Peicher Date: 01-30-08 Daytime Phone #: 305-944-8814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE