

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034083

FILED  
Feb 12, 2008  
Secretary of State

**Entity Name:** DOMAIN PROPERTIES, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

2068 RICHARDS RD.  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8539  
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number:** 61-1470047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DORIA, REYNALDO  
14290 COLLIER BLVD.  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

DORIA, REYNALDO  
3145 58TH STREET S.W.  
NAPLES, FL 34116 US

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.

SIGNATURE:

02/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DORIA, REYNALDO  
Address: P. O. BOX 8539  
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete  
Name: DORIA, MARY J  
Address: P.O. BOX 8539  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: REYNALDO H. DORIA

MGN

02/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date