

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90119 011 \*\*\*\*50.00

<b>DOCUMENT # L03000046702</b>					
<b>1. Entity Name</b> FIRST DOMINION PROPERTIES, LLC					
<b>Principal Place of Business</b> 712 SOUTH OREGON AVENUE, SUITE 200 TAMPA, FL 33606-2543			<b>Mailing Address</b> 712 SOUTH OREGON AVENUE, SUITE 200 TAMPA, FL 33606-2543		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 06-1718823	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> JONES, DOUGLAS N 712 SOUTH OREGON AVENUE, SUITE 200 TAMPA, FL 33606-2543			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>10. ADDITIONS/CHANGES</b>				
MGRM JONES, DOUGLAS N 712 SOUTH OREGON AVENUE, SUITE 200 TAMPA, FL 336062543	[ ] Delete [ ] Change [ ] Addition				
MGRM KRUSEN, W. ANDREW JR 712 SOUTH OREGON AVENUE, SUITE 200 TAMPA, FL 336062543	[ ] Delete [ ] Change [ ] Addition				
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Douglas N. Jones</u> <b>4-30-04</b> <b>813-837-3009</b>					
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					