

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90027 005 \*\*\*\*50.00

**DOCUMENT # L03000046702**

1. Entity Name  
**FIRST DOMINION PROPERTIES, LLC**



Principal Place of Business  
**712 SOUTH OREGON AVENUE, SUITE 200  
TAMPA, FL 33606-2543**

Mailing Address  
**712 SOUTH OREGON AVENUE, SUITE 200  
TAMPA, FL 33606-2543**

**20044330**

2. Principal Place of Business  
**1414 W. SWANN AVE  
SUITE 100**

3. Mailing Address  
**1414 W SWANN AVE  
SUITE 100**

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33606**

Country  
**USA**

Zip  
**33606**

Country  
**USA**

04102006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**06-1718823**

Applied For  
☐ Not Applicable

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

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

**JONES, DOUGLAS N  
712 SOUTH OREGON AVENUE, SUITE 200  
TAMPA, FL 33606-2543**

**7. Name and Address of New Registered Agent**

Name  
**JONES, DOUGLAS N**  
Street Address (P.O. Box Number is Not Acceptable)  
**1414 W SWANN AVE  
SUITE 100  
TAMPA, FL 33606**

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 *[Signature]* **DOUGLAS N JONES** 4/25/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JONES, DOUGLAS N  
712 SOUTH OREGON AVENUE, SUITE 200  
TAMPA, FL 336062543** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KRUSEN, W. ANDREW JR  
712 SOUTH OREGON AVENUE, SUITE 200  
TAMPA, FL 336062543** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JONES, DOUGLAS N  
1414 W. SWANN AVE, SUITE 100  
TAMPA, FL 33606** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KRUSEN, W. ANDREW JR  
1414 W. SWANN AVE, SUITE 100  
TAMPA, FL 33606** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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]* **DOUGLAS N JONES/MGR** 4/25/06 813-837-3009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #