
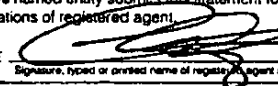



**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90110 046 \*\*\*\*50.00

DOCUMENT # L04000003926			
1. Entity Name DOME FLEA, LLC			
Principal Place of Business 5115 S.R. 776 VENICE, FL 34293 US		Mailing Address 5115 S.R. 776 VENICE, FL 34293 US	
2. Principal Place of Business Same as Above		3. Mailing Address 8466 Lockwood Ridge Rd. # 313	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SARASOTA, FL	
Zip		Zip 34243	
Country		Country USA	
4. FEI Number		07142005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KING, CHRISTOPHER S 5115 S.R. 776 VENICE, FL 34293		Name Leslie Josephson	
8466 Lockwood Ridge Rd. # 313 SARASOTA FL 34243		Street Address (P.O. Box Number is Not Acceptable) 7929 OAK GROVE CIR.	
		City SARASOTA FL Zip Code 34243	
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, typed or printed name of registered agent and title applicable.		CHRISTOPHER S KING PRES. 7-14-05 (NOTE: Registered Agent signature required when re-appointing) DATE	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PRINCIPAL CHRISTOPHER KING 8466 LOCKWOOD RIDGE RD # 313 SARASOTA, FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PRINCIPAL LESLIE JOSEPHSON 7929 OAK GROVE CIR SARASOTA, FL 34243
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		CHRISTOPHER S KING PRES. 7-14-05 Date Daytime Phone #	

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