


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 08:00 A
Secretary of State

DOCUMENT # L04000003926

1. Entity Name
 DOME FLEA, LLC



Principal Place of Business
 5115 S.R. 776
 VENICE, FL 34293 US

Mailing Address
 8466 LOCKWOOD RIDGE RD
 # 33
 SARASOTA, FL 34243 US

DO NOT WRITE IN THIS SPACE



01122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPHSON, LESLIE
 8466 LOCKWOOD RIDGE RD
 # 313
 SARASOTA, FL 34243

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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)

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

U00000562422
 05/19/06-80056-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, CHRISTOPHER 8466 LOCKWOOD RIDGE RD, # 313 SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSEPHSON, LESLIE 7929 OAK GROVE CIR SARASOTA, FL 34243
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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:  AS ITS MGR Date: 5-1-06 Daytime Phone #: 941-376-0865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE