


**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

**DO NOT WRITE IN THIS SPACE**

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 5-1-06 941-376-0865  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #