

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 23, 2008  
Secretary of State**

DOCUMENT# L04000003926

Entity Name: DOME FLEA, LLC

**Current Principal Place of Business:**

8466 N. LOCKWOOD RIDGE RD.  
#313  
SARASOTA, FL 34243 US

**New Principal Place of Business:**

**Current Mailing Address:**

8466 LOCKWOOD RIDGE RD  
# 313  
SARASOTA, FL 34243 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KING, CHRISTOPHER  
Address: 8466 LOCKWOOD RIDGE RD, # 313  
City-St-Zip: SARASOTA, FL 34243

Title: MGRM ( ) Delete  
Name: JOSEPHSON, LESLIE  
Address: 7929 OAK GROVE CIR  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER KING

MGRM

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date