

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032516

Entity Name: DOMESTIC RECORDS, LLC

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

4468 DICKSON ROAD  
GREENWOOD, FL 32443

## New Principal Place of Business:

232 A&B WEST WASHINGTON ST.  
CHATTAHOOCHEE, FL 32324

## Current Mailing Address:

4468 DICKSON ROAD  
GREENWOOD, FL 32443

## New Mailing Address:

P.O. BOX 0005  
CHATTAHOOCHEE, FL 32324

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DICKENS, RICHARD J  
3624 SILVANIA PLANTATION ROAD  
GREENWOOD, FL 32443 US

## Name and Address of New Registered Agent:

DICKENS, RICHARD J JR.  
3624 SILVANIA PLANTATION ROAD  
GREENWOOD, FL 32443 US

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: RICHARD DICKENS JR.

04/28/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: DICKENS, RICHARD JR.  
Address: 3624 SILVANIA PLANTATION ROAD  
City-St-Zip: GREENWOOD, FL 32443

Title: MGR ( ) Delete  
Name: DICKENS, BYRON  
Address: 4468 DIXON ROAD  
City-St-Zip: GREENWOOD, FL 32443

## 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 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 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: BYRON L. DICKENS

MGR

04/28/2005

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