

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036072

FILED
Jan 05, 2005
Secretary of State

Entity Name: DOMM LLC

Current Principal Place of Business:

725 GLENRIDGE DRIVE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

725 GLENRIDGE DRIVE
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 11-3722467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERGANI, FRANCESCO
725 GLENRIDGE DRIVE
KEY BISCAYNE, FL 33149 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/MEMBERS:

Title: MGRM () Delete
Name: VERGANI, FRANCESCO
Address: 725 GLENRIDGE DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: VERGANI, GIULIO
Address: 749 CRANDON BLVD., APT. 511
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: FOULKES, MONICA
Address: 749 CRANDON BLVD., APT. 511
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: VERGANI, GIULIO
Address: 5737 RIVIERA DR.
City-St-Zip: CORAL GABLES, FL 33146

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: FRANCESCO VERGANI

MGMR

01/05/2005

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