

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90290 046 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                 |                                                             |                                                                                                                   |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L04000047968</b><br>1. Entity Name<br>DOMINION GROUP, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                 |                                                             |                                  |                                                                   |
| Principal Place of Business<br>2544 N. DOVER ROAD<br>DOVER, FL 33527 US                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                 | Mailing Address<br>2544 N. DOVER ROAD<br>DOVER, FL 33527 US |                                                                                                                   |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                   |                                                                                                                   |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                 | City & State                                                |                                                                                                                   |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             | Country                         |                                                             | Zip                                                                                                               |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             | Country                         |                                                             | 4. FEI Number                                                                                                     |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                 |                                                             | Applied For<br><input checked="" type="checkbox"/> Not Applicable                                                 |                                                                   |
| 6. Name and Address of Current Registered Agent<br>LEAHY, MIKE K<br>2544 N. DOVER ROAD<br>DOVER, FL 33527                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                 |                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                   |
| 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.                                                                                                                                                                                                                                                                                 |                                                                             |                                 |                                                             | FL Zip Code                                                                                                       |                                                                   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                              |                                                                             |                                 |                                                             |                                                                                                                   |                                                                   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                 |                                                             | <b>Make check payable to<br/>Florida Department of State</b>                                                      |                                                                   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                 | <b>10. ADDITIONS/CHANGES</b>                                |                                                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>LEAHY, MIKE K<br>2544 N. DOVER ROAD<br>DOVER, FL 33527              | <input type="checkbox"/> Delete |                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>SCHNELL, MIKE W<br>4034 CARLYLE LAKES BLVD<br>PALM HARBOR, FL 34685 | <input type="checkbox"/> Delete |                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | <input type="checkbox"/> Delete |                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | <input type="checkbox"/> Delete |                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | <input type="checkbox"/> Delete |                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | <input type="checkbox"/> Delete |                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 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. |                                                                             |                                 |                                                             |                                                                                                                   |                                                                   |
| <b>SIGNATURE:</b> _____ <b>MIKE LEAHY</b> <b>03-21-05</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                        |                                                                             |                                 |                                                             |                                                                                                                   |                                                                   |