

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90027 022 ****55.00

DOCUMENT # L04000066819					
1. Entity Name DOMINION BUILDING SYSTEMS, L.L.C.					
Principal Place of Business 1680 MICHIGAN AVENUE 1000 MIAMI BEACH, FL 33139			Mailing Address 1680 MICHIGAN AVENUE 1000 MIAMI BEACH, FL 33139		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1603458	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BEDARD, DENNIS R 1717 N. BAYSHORE DRIVE 215 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name: <u>DECASTRO, ERLY D.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1680 MICHIGAN AVE, SUITE 1000</u> City: <u>MIAMI BEACH</u> FL <u>33139</u>		
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: <u>ERLY DAVID DECASTRO</u> DATE: <u>03/17/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOMINION DEVELOPERS, LLC 1680 MICHIGAN AVENUE, SUITE 1000 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MVM FINANCIAL, LLC. 1680 MICHIGAN AVENUE, SUITE 1000 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALUMINUM FORTRESS HOMES, INC 320 Plaza Real, Suite 210 Boca Raton - FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.					
SIGNATURE: <u>ERLY DAVID DECASTRO</u> DATE: <u>03/17/05</u> (305) 534-0551 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					