


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90204 001 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L04000069674</b>            |  |
| 1. Entity Name<br><b>JOHN DOMITZ, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>360 LOBELIA ROAD<br/>ST AUGUSTINE FL 32086</b> | Mailing Address<br><b>360 LOBELIA ROAD<br/>ST AUGUSTINE FL 32086</b> |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>360 Lobelia Rd.</b> | 3. Mailing Address<br><b>Sam's box 2</b> |
| Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.                      |

|   |                        |
|---|------------------------|
| City & State<br><b>St. Augustine FL</b> | City & State           |
| Zip<br><b>32086</b>                     | Country<br><b>U.S.</b> |

1st MOORE CR2E083 (10/05)

|                                    |   |
|------------------------------------|---|
| 4. FEI Number<br><b>20-1670975</b> | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
|------------------------------------|---|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>DOMITZ, JOHN<br/>360 LOBELIA ROAD<br/>ST AUGUSTINE FL 32086</b> |  |
|---|--|

|  |  |
|--|--|
| 7. Name and Address of New Registered Agent        |  |
| Name   |  |
| Street Address (P.O. Box Number is Not Acceptable) |  |
| City <b>FL</b> Zip Code                            |  |

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.

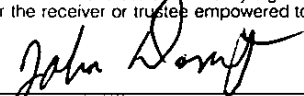
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

| 9. MANAGING MEMBERS / MANAGERS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGR<br/>DOMITZ, JOHN<br/>360 LOBELIA ROAD<br/>ST AUGUSTINE FL 32086</b> <input type="checkbox"/> Delete |
| 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"/> Delete  |
| 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"/> Delete  |

| 10. ADDITIONS / CHANGES                            |   |
|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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 exemptions contained in Section 119, 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #