

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90058 036 \*\*\*\*50.00

**20004015**



01052005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000081018</b>	
1. Entity Name DOME-HOMES.COM, LLC.	



Principal Place of Business 1704 SPOONHILL DRIVE NOKOMIS, FL 34275	Mailing Address P.O. BOX 19319 SARASOTA, FL 34276
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2. Principal Place of Business <i>1704 Spoonbill DR.</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>NOKOMIS, FL.</i>	City & State <i>34275</i>
Zip <i>34275</i>	Country

6. Name and Address of Current Registered Agent	
GRAHAM, RALPH 1704 SPOONHILL DR. <i>Spoonbill DR.</i> NOKOMIS, FL 34275	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 <i>[Signature]</i>	DATE <i>1-22-05</i>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GRAHAM, RALPH 1704 SPOONHILL DR. NOKOMIS, FL 34275 <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
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <i>RALPH E. GRAHAM</i>	DATE <i>1-22-05</i> Daytime Phone #