2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# L04000088258

Entity Name: FLOR DOME REALTY INVESTMENT, L.L.C.

Current Principal Place of Business:

500 N.E. SPANISH RIVER BLVD.
SUITE 5
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

500 N.E. SPANISH RIVER BLVD.
SUITE 5
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RUIZ, HUMBERTO E
500 N.E. SPANISH RIVER BLVD.
SUITE 5
BOCA RATON, FL 33431 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: DOME HOLDINGS INC.,
Address: AVE 5A NORTE ENRIQUE GEENZIER, EL CANGREJO
City-St-Zip: PANAMA 9-A, PA 000000000 PA

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JIMENEZ, FLOR
Address: CALLE 78 #56-44 APTO 307 METROPOLIS
City-St-Zip: BOGOTA, COLOMBIA, CO 000000000 CO

Title: MGR ( ) Change (X) Addition
Name: OCHOA, MARTA
Address: CALLE 78 #56-44 APTO 307 METROPOLIS
City-St-Zip: BOGOTA, COLOMBIA, CO 000000000 CO

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: FLOR JIMENEZ MGRM 03/15/2005

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