

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028470

FILED
Feb 15, 2008
Secretary of State

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

Current Principal Place of Business:

3537 NW 61ST CIRCLE
BOCA RATON, FL 33496 US

New Principal Place of Business:

Current Mailing Address:

5805 BLUE LAGON DR
SUITE 200
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 20-2553474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AG CORPORATE SERVICES LLC
5805 BLUE LAGOON DR
SUITE 200
MIAMI, FL 33126 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/MANAGERS:

Title: MGR () Delete
Name: SCHMIDT, MANFRED
Address: CRA. 14 NO. 93-B 32 OF. 503
City-St-Zip: BOGOTA, . COLOMBIA

Title: MGR () Delete
Name: OCHOA, MARTHA LUCIA
Address: CRA. 14 NO. 93-B 32 OF. 503
City-St-Zip: BOGOTA, . COLOMBIA

Title: MGR (X) Delete
Name: DOME HOLDINGS, INC.,
Address: AVE 5A NORTE ENRIQUE GEENZIER, EL CANGREJO
City-St-Zip: PANAMA 9A, PA PANAMA

Title: MGR (X) Delete
Name: DOME INTERNATIONAL I, NVESTMENTS INC
Address: AVE 5A NORTE ENRIQUE GEENZIER, EL CANGREJO
City-St-Zip: PANAMA 9A, PA PANAMA

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MANFRED SCHMIDT

MGR

02/15/2008

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