#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L05000069887

1. Entity Name

DOMINO REAL ESTATE HOLDINGS OF FLORIDA, LLC



Principal Place of Business Mailing Addr

DO NOT WRITE IN THIS SPACE

3195 LEGACY TRACE CINCINNATI, OH 45237 Mailing Address 3195 LEGACY TRACE CINCINNATI, OH 45237

## FILED Apr 16, 2007 08:00 A Secretary of State



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3151263	-	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

MUNN, MICHAEL 1009 SOUTHEAST 36TH TERRACE CAPE CORAL, FL 33904 DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changir the obligations of registered agent.</li></ol>	ng its registered office or registered agent, or both, in t	ne State of Florida. I am familiar with, and accept
SIGNATURE	•	
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent suggeture required when reinstating)	DATE

#### Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM POWELL , TROY J 3195 LEGACY TRACE CINCINNATI, OH 45237
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000710269 04/25/07-80037-013 50.00

# DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: To Pour Signature and typed or printed name of signing managing member, or authorized representative

2/1/0

513-469-786

9

Daytime Phone #