

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096111

FILED
Jan 14, 2008
Secretary of State

Entity Name: DOMUS HOLDINGS, L.L.C.

Current Principal Place of Business:

1395 BRICKELL AVENUE
SUITE 826
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1395 BRICKELL AVENUE
SUITE 826
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-3550882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUZMAN, MARIO I
GUZMAN & GUZMAN, P.A.
9130 S. DADELAND BOULEVARD, SUITE #1600
MIAMI, FL 33156 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: POMERANE, DONATO JAIME
Address: 1510 BAY ROAD APT. #504
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: POMERANE, DIEGO SIMON
Address: 1510 BAY ROAD APT. #504
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: CUNARRO, GUILLERMO P
Address: 1510 BAY ROAD APT. #504
City-St-Zip: MIAMI BEACH, FL 33139

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:

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: FLAVIO JORGE ROSSATO

MR

01/14/2008

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