2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# L05000096111

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: DIEGO POMERANE MR 04/01/2009

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