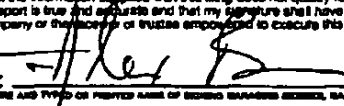


FILED
Jun 22, 2006 8:00 am
Secretary of State

04-19-2006 90019 019 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000100717			
1. Entity Name DOMINION PROPERTIES L.L.C.			
Principal Place of Business 4771 PINE KNOTT LANE WEST PALM BEACH, FL 33417		Mailing Address 4771 PINE KNOTT LANE WEST PALM BEACH, FL 33417	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4586390		Applied For Not Applicable	
5. Certificate of Status Desired ☐		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BESS, ALEXANDER J 4771 PINE KNOTT LANE WEST PALM BEACH, FL 33417		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (Signature, typed or printed name of registered agent and date if applicable) (NONE: Registered agent signature required when changing) DATE			
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BESS, ALEXANDER JR 4771 PINE KNOTT LN WEST PALM BEACH, FL 33417 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BESS, MARGARET 4771 PINE KNOTT LN WEST PALM BEACH, FL 33417 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pres ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, PHAEDRA K 2382 CENTERSTONE LANE RIVIERA BEACH, FL 33404 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Down Ross 4200 GREENWOOD AVE WPB, FL 334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MGRM ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kenneth Washington 1353 Summer Park Blvd #5319 West Palm Beach, FL 33415 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 owner or trustee employed to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE			

30010926



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