


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90321 005 ****55.00

DOCUMENT # L06000011865	
1. Entity Name DOMINION CAPITAL GROUP, LLC	

Principal Place of Business 712 S. OREGON AVE., SUITE 200 TAMPA, FL 33606	Mailing Address 712 S. OREGON AVE., SUITE 200 TAMPA, FL 33606
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2. Principal Place of Business - No P.O. Box # 1414 W SWANN AVENUE	3. Mailing Address 1414 W SWANN AVENUE
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. SUITE 100

City & State TAMPA FL	City & State TAMPA FL
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Zip 33606	Country USA	Zip 33606	Country USA
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03012007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1267686	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD., SUITE 309 TAMPA, FL 33629	
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 2907 BAY TO BAY BLVD., SUITE 201
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JONES, DOUGLAS N 712 S. OREGON AVE., SUITE 200 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1414 W SWANN AVENUE, SUITE 100 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Douglas N. Jones* **4-3-07** **813-837-3009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #