2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 15, 2009
Secretary of State

DOCUMENT# L06000116318

Entity Name: DOMAIN VENTURES, LLC

Current Principal Place of Business:

6347 STURBRIDGE CT
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

6347 STURBRIDGE CT
SARASOTA, FL 34238

New Mailing Address:

5001 AMERICAN BLVD W
STE 901
BLOOMINGTON, MN 55437 US

FEI Number: 20-8078756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, STEVEN L
6347 STURBRIDGE CT
SARASOTA, FL 34238 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: MGRM ( ) Delete
Name: THOMPSON, STEVEN L
Address: 5001 AMERICAN BLVD W STE 225
City-St-Zip: BLOOMINGTON, MN 55437

Title: MGRM ( ) Delete
Name: SCHUMACHER, CAREY L
Address: 6347 STURBRIDGE CT
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THOMPSON, STEVEN L
Address: 5001 AMERICAN BLVD W STE 901
City-St-Zip: BLOOMINGTON, MN 55437

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: STEVEN L THOMPSON MGRM 09/15/2009

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