2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# L08000046777

Entity Name: DOMAR MUSIC FACILITY, LLC

Current Principal Place of Business:

10414 E. PERSHING AVENUE
SCOTTSDALE, AZ 85260 US

New Principal Place of Business:

10351 E SHARON DRIVE
SCOTTSDALE, AZ 85260 US

Current Mailing Address:

10414 E. PERSHING AVENUE
SCOTTSDALE, AZ 85260 US

New Mailing Address:

10351 E SHARON DRIVE
SCOTTSDALE, AZ 85260 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
347
PEMBROKE PINES, FL 33027 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: ROBINETT, DOROTHY
Address: 10414 E. PERSHING AVENUE
City-St-Zip: SCOTTSDALE, AZ 85260 US

Title: MGRM ( ) Delete
Name: ROBINETT, MARK
Address: 10414 E. PERSHING AVENUE
City-St-Zip: SCOTTSDALE, AZ 85260 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROBINETT, DOROTHY
Address: 10351 E SHARON DRIVE
City-St-Zip: SCOTTSDALE, AZ 85260 US

Title: MGRM (X) Change ( ) Addition
Name: ROBINETT, MARK
Address: 10351 E SHARON DRIVE
City-St-Zip: SCOTTSDALE, AZ 85260 US

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: DOROTHY ROBINETT MGRM 03/08/2009

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