

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90006 037 ****50.00



DOCUMENT # Z00600

1. Entity Name
DOMINEX, L.C.

Principal Place of Business: **6270 COUNTY ROAD 305 SOUTH ELKTON FL 32033**
 Mailing Address: **P.O. BOX 5069 ST. AUGUSTINE FL 32085**

64007004



MOORE CR2E083 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **42-1388608**
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SCHERPF, DAVID H
 305 SOUTH OCEAN GRANDE DRIVE
 PONTE VEDRA FL 32085**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS	
TITLE: M NAME: GRAHAM, JOHN G STREET ADDRESS: 3663 GRAND AVE CITY-ST-ZIP: DES MOINES IA 50312	<input checked="" type="checkbox"/> Delete
TITLE: M NAME: THE GRAHAM GROUP, INC. STREET ADDRESS: 910 GRAND AVE CITY-ST-ZIP: DES MOINES IA 50309	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: MCGARVEY, JOHN H. STREET ADDRESS: 520 WALNUT, SUITE 500 CITY-ST-ZIP: DES MOINES IA 50309	<input type="checkbox"/> Delete
TITLE: M NAME: CRUGER, F CHRISTOPHER STREET ADDRESS: 109 PADDOCK PLACE CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete
TITLE: M NAME: LACERENZA, JIM STREET ADDRESS: P.O. BOX 5069 CITY-ST-ZIP: ST. AUGUSTINE FL 32085	<input checked="" type="checkbox"/> Delete
TITLE: M NAME: MILLIGAN, GEORGE D. STREET ADDRESS: 910 GRAND AVENUE CITY-ST-ZIP: DES MOINES IA 50309	<input checked="" type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE: M - President NAME: David H. Scherpf STREET ADDRESS: 305 South Ocean Grande Drive CITY-ST-ZIP: Ponte Vedra, FL 32085	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: M - Treasurer NAME: Ned Skinner STREET ADDRESS: 9139 N.W. 73rd Street CITY-ST-ZIP: Johnston, IA 50131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: M - Secretary NAME: John H. McGarvey STREET ADDRESS: 520 Walnut, Suite 500 CITY-ST-ZIP: Des Moines, IA 50309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **David H. Scherpf** Date: **5/3/04** Daytime Phone #: **(904) 698-1348**