

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90485 012 \*\*\*\*\*50.00

|                                        |                                                                                   |
|----------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # Z00600</b>               |  |
| 1. Entity Name<br><b>DOMINEX, L.C.</b> |                                                                                   |

|                                                                                          |                                                                    |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br><b>900 G ANASTASIA BLVD.<br/>SAINT AUGUSTINE FL 32085</b> | Mailing Address<br><b>P.O. BOX 5069<br/>ST. AUGUSTINE FL 32085</b> |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

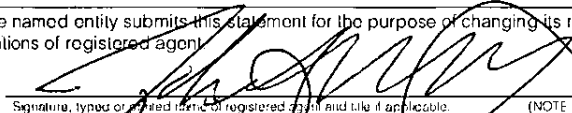
1st MOORE CR2E083 (10/06)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>42-1388608</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

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

|                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>MCGARVEY, JOHN G<br/>131 MARSHSIDE DRIVE<br/>SAINT AUGUSTINE FL 32080</b> |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                  |                          |
|----------------------------------------------------------------------------------|--------------------------|
| 7. Name and Address of New Registered Agent                                      |                          |
| Name<br><b>John H McGarvey</b>                                                   |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>131 Marshside Drive</b> |                          |
| City<br><b>St. Augustine</b>                                                     |                          |
| City<br><b>FL</b>                                                                | Zip Code<br><b>32080</b> |

|                                                                                                                                                                                                                               |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 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<br>                                                                                                                               | DATE<br><b>3/1/2007</b> |

Signature, typed or printed name of registered agent and title if applicable.

(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, 2007**

| 9. MANAGING MEMBERS/MANAGERS                                                       |                                 |
|------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                     | <input type="checkbox"/> Delete |
| <b>P<br/>MCGARVEY, JOHN G<br/>131 MARSHSIDE DRIVE<br/>SAINT AUGUSTINE FL 32080</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                     | <input type="checkbox"/> Delete |
| <b>T<br/>SKINNER, NED<br/>9139 NW 73RD ST.<br/>JOHNSTON IA 50131</b>               |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                     | <input type="checkbox"/> Delete |
| <b>S<br/>MCGARVEY, JOHN H<br/>520 WALNUT, SUITE 500<br/>DES MOINES IA 50309</b>    |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                     | <input type="checkbox"/> Delete |
|                                                                                    |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                     | <input type="checkbox"/> Delete |
|                                                                                    |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                     | <input type="checkbox"/> Delete |
|                                                                                    |                                 |

| 10. ADDITIONS/CHANGES                                                             |                                                                              |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>P<br/>John G McGarvey<br/>900 G Anastasia Blvd<br/>St. Augustine, FL 32084</b> |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/1/2007 904-810-2132**