2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90485 012 ****50.00

DOCUMENT # Z00600

1. Entity Name

DOMINEX, L.C.

Principal Place of Business	Mailing Address
900 G ANASTASIA BLVD. SAINT AUGUSTINE FL 32085	P.O. BOX 5069 ST. AUGUSTINE FL 32085

1st MOORE CR2E083 (10/06)

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

4. FEI Number 42-1388608 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCGARVEY, JOHN G
131 MARSHSIDE DRIVE
SAINT AUGUSTINE FL 32080

7. Name and Address of New Registered Agent

Name: John H McGarvey
Street Address (P.O. Box Number is Not Acceptable): 131 Marshside Drive
City: St. Augustine **FL** Zip Code: 32080

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: _____ 3/1/2007
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			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P MCGARVEY, JOHN G 131 MARSHSIDE DRIVE SAINT AUGUSTINE FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P John G McGarvey 900 G Anastasia Blvd St. Augustine, FL 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T SKINNER, NED 9139 NW 73RD ST. JOHNSTON IA 50131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S MCGARVEY, JOHN H 520 WALNUT, SUITE 500 DES MOINES IA 50309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ 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: _____ 3/1/2007 904-810-2132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #