

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# Z00600

Entity Name: DOMINEX, L.C.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

900 G. ANASTASIA BLVD.
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

900 G. ANASTASIA BLVD.
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 42-1388608 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:

MCGARVEY, JOHN G
900 G. ANASTASIA BLVD.
ST. AUGUSTINE, FL 32080 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: MGR () Delete
Name: MCGARVEY, JOHN G
Address: 900 G ANASTASIA BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: MGR () Delete
Name: SKINNER, NED
Address: 9139 NW 73RD ST.
City-St-Zip: JOHNSTON, IA 50131

Title: MGR () Delete
Name: GILLESPIE, ROBERT H
Address: 340 W. PASSIAC STREET
City-St-Zip: ROCHELLE PARK, NJ 07662

Title: MGR () Delete
Name: MCGARVEY, BRIAN
Address: 1200 VALLEY WEST DRIVE, STE. 203
City-St-Zip: WEST DES MOINES, IA 50266

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN G MCGARVEY

MGR

05/01/2009

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