


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000012231	
1. Entity Name DREAMS OF PARADISE, LLC	

Principal Place of Business 60 WILHELM DR ENGLEWOOD, FL 34223	Mailing Address 60 WILHELM DR ENGLEWOOD, FL 34223
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DO NOT WRITE IN THIS SPACE



04202005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1126071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIGLER, KAREN J
 499 NW 70TH AVENUE, #105
 PLANTATION, FL 33317

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

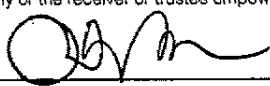
Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOSSER, ROLAND 60 WILHELM DR ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITING, DEBORAH 60 WILHELM DR ENGLEWOOD, FL 34223
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 04/25/05-80070-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **ROLAND L. BLOSSER** **4.20.05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #