

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082245

FILED
Apr 30, 2007
Secretary of State

Entity Name: DREAM HOME SERVICES, LLC

Current Principal Place of Business:

12539 CRAYFORD AVENUE
ORLANDO, FL 32837 US

New Principal Place of Business:

Current Mailing Address:

12539 CRAYFORD AVENUE
ORLANDO, FL 32837 US

New Mailing Address:

FEI Number: 20-3504214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARIENTE, EDMUNDO SR
12539 CRAYFORD AVE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

BOZOVICH, MARIA \\\n12539 CRAYFORD AVE
ORLANDO, FL 32837 US

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: MARIA BOZOVICH

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PARIENTE, CESAR R
Address: 12539 CRAYFORD AVENUE
City-St-Zip: ORLANDO, FL 32837 US

Title: MGR () Delete
Name: PARIENTE, MARIA D
Address: 12539 CRAYFORD AVE
City-St-Zip: ORLANDO, FL 32837

Title: MGR () Delete
Name: BOZOVICH-PARIENTE, MARIA O
Address: 12539 CRAYFORD AVE
City-St-Zip: ORLANDO, FL 32837

Title: MGR (X) Delete
Name: PARIENTE, MARIELLA
Address: 12539 CRAYFORD AVE
City-St-Zip: ORLANDO, FL 32839

Title: MGR (X) Delete
Name: PARIENTE, ANA K
Address: 12539 CRAYFORD AVE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PARIENTE, CESAR R
Address: 12539 CRAYFORD AVENUE
City-St-Zip: ORLANDO, FL 32837 US

Title: MGRM (X) Change () Addition
Name: PARIENTE, MARIA D
Address: 12539 CRAYFORD AVE
City-St-Zip: ORLANDO, FL 32837

Title: MGRM (X) Change () Addition
Name: BOZOVICH, MARIA O
Address: 12539 CRAYFORD AVE
City-St-Zip: ORLANDO, FL 32837

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: MARIA BOZOVICH

MGRM

04/30/2007

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