

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007444

FILED
Jun 12, 2008
Secretary of State

Entity Name: AMERICAN DREAMS REALTY, LLC

Current Principal Place of Business:

3201 NW 25TH TERRACE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

2727 NW 43RD STREET
SUITE 2B
GAINESVILLE, FL 32606 US

Current Mailing Address:

2727 NW 43RD STREET
SUITE 2B
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 30-0300827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

INTHAVONG HOLMES, CHRISTINA
3201 NW 25TH TERRACE
GAINESVILLE, FL 32605 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: INTHAVONG HOLMES, CHRISTINA
Address: 3201 NW 25TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: LY-TON, HY T
Address: 3201 NW 25TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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: CHRISTINA INTHAVONG HOLMES

MGRM

06/12/2008

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