

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 01, 2008  
Secretary of State**

DOCUMENT# L06000014967

Entity Name: DREAM DIMENSION, LLC

**Current Principal Place of Business:**

1527 NW 6TH STREET  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

1527 NW 6TH STREET  
GAINESVILLE, FL 32601

**New Mailing Address:**

FEI Number: 01-0859116      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:**

**Name and Address of New Registered Agent:**

NEWSOM, JOHN C  
1527 NW 6TH STREET  
GAINESVILLE, FL 32601      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:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: BEASON, KEN  
Address: 5745 SW 75TH STREET #235  
City-St-Zip: GAINESVILLE, FL 32601

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

Title: MGRM      ( ) Delete  
Name: NEWSOM, JOHN C  
Address: 1527 NW 6TH STREET  
City-St-Zip: GAINESVILLE, FL 32601

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 NEWSOM

MGRM

05/01/2008

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