

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90033 037 ****50.00

DOCUMENT # L03000014121					
1. Entity Name DREAM RESORTS USA, LLC					
Principal Place of Business 13435 S. MCCALL RD. ENGLEWOOD FL 33981			Mailing Address 13435 S. MCCALL RD. ENGLEWOOD FL 33981		
2. Principal Place of Business 5114 Melbourne St.		3. Mailing Address 5114 Melbourne St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port Charlotte FL		City & State Port Charlotte FL		4. FEI Number 65-1191200	
Zip 33948		Country U.S.		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BAKER, MURRAY 13435 S. MCCALL RD. ENGLEWOOD FL 33981			7. Name and Address of New Registered Agent Name: Thomas Smith Street Address (P.O. Box Number is Not Acceptable): 7925 Tiger Lily City: Naples FL Zip Code: 34113		
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: <i>T.B. Smith</i> DATE: 4-8-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MEM Gerald Pat</i> ☐ Delete <i>617 91st St</i> <i>Naples Florida 34108</i>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MEM Thomas Smith</i> ☐ Delete <i>7925 Tiger Lily Dr</i> <i>Naples Florida 34113</i>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date	
				Daytime Phone #	