

2005
2004

**LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

2005 FEB 17 P 3: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L03000015487			
1. Entity Name DREAM SPACE LLC			
Principal Place of Business 14237 SW 165 STREET MIAMI, FL 33177		Mailing Address 14237 SW 165 STREET MIAMI, FL 33177	
2. Principal Place of Business 1100 West Avenue Suite, Apt. #, etc. 1506		3. Mailing Address 1100 West Avenue Suite, Apt. #, etc. 1506	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33139	Country USA	Zip 33139	Country USA
4. FEI Number 16-1666508		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 OCAMPO, JORGE 9744 SW 114 COURT MIAMI, FL 33176		7. Name and Address of New Registered Agent Name: Ocampo, Jorge Street Address (P.O. Box Number is Not Acceptable): 1100 West Avenue #1506 City: Miami Beach, FL Zip Code: 33139	
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	
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMASON, MARK 9744 SW 114 COURT MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500043633835 12/27/04--01048--013 **\$5.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OCAMPO, JORGE 9744 SW 114 COURT MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGRM Ocampo, Jorge 1100 West Ave #1506 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM Maria Soley Hoyos 14369 SW 166 Street Miami, FL 33177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200047310532 02/25/05--01048--016 **\$50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		Date: 12-22-04 786 2583164 Daytime Phone #	