2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000024139

1. Entity Name
PURPLE DREAM, LLC

Principal Place of Business	Mailing Address
1001 BRICKELL BAY DRIVE, SUITE 1704 MIAMI, FL 33131	40 MANDALAY LAGUNA NIGUEL, CA 92677

02132006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1064031
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SANTIAGO J. PADILLA, P.A.
1001 BRICKELL BAY DRIVE, SUITE 1704
MIAMI, FL 33131

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DUNZINGER, HANS
STREET ADDRESS	40 MANDALAY
CITY-ST-ZIP	LAGUNA NIGUEL, CA 92677
TITLE	MGRM
NAME	DUNZINGER, CRISTINA
STREET ADDRESS	40 MANDALAY
CITY-ST-ZIP	LAGUNA NIGUEL, CA 92677
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000043425
02/01/06-80047-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: HANS DUNZINGER 02/14/2006 (949)4880618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #