

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015487

**FILED**  
**Feb 02, 2007**  
**Secretary of State**

**Entity Name:** DREAM SPACE LLC

**Current Principal Place of Business:**

2732 NW 2 AVE  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

2732 NW 2 AVE  
MIAMI, FL 33127

**New Mailing Address:**

**FEI Number:** 16-1666508

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OCAMPO, JORGE  
2732 NW 2 AVE  
MIAMI, FL 33127 US

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

OCAMPO, JORGE  
8860 SW 123 COURT K402  
MIAMI, FL 33186 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: JORGE OCAMPO

02/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OCAMPO, EDWARD  
Address: 2732 NW 2 AVE  
City-St-Zip: MIAMI, FL 33127

Title: MGRM ( ) Delete  
Name: OCAMPO, JORGE  
Address: 2732 NW 2 AVE  
City-St-Zip: MIAMI, FL 33127

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OCAMPO, EDWARD  
Address: 12834 SW 134 STREET  
City-St-Zip: MIAMI, FL 33186

Title: MGRM (X) Change ( ) Addition  
Name: OCAMPO, JORGE  
Address: 8860 SW 123 COURT K402  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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: JORGE OCAMPO

MGRM

02/02/2007

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