2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086223

LICQUIA, GARY E

PO BOX 5591

City-St-Zip: OCALA, FL 344785591 US

Name:

Address:

Entity Name: DREAM DEVELOPMENT & CONSTRUCTION, LLC

FILED Mar 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
9914 S.W. 56TH CT. OCALA, FL 34476				4845 JONE BRIDGE PLACE DRIVE JOHNS CREEK, GA 30022			
Current Mailing Address:				New Mailing Address:			
9914 S.W. 56TH CT. OCALA, FL 34476				4845 JONES BRIDGE PLACE DRIVE JOHNS CREEK, GA 30022			
FEI Number:	: 13-4306076	FEI Number Applied For()	FEI Number Not A	Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1840 SW 2 4TH FLOC MIAMI, FL The above)R 33145 US		ourpose of changii	ng its registere	d office or registered agent, or be	oth	
III the State SIGNATUF							
SIGNATUR		nic Signature of Registered Ag	ent		 Date		
MANAGING MEMBERS/MANAGERS:			ADDITIO	ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGRM (LICQUIA, GAR' PO BOX 5591 OCALA, FL 34		Title: Name: Address: City-St-Zi	p:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MGRM (RICHTER, BILL 9914 SW 56TH OCALA, FL 34	СТ.	Title: Name: Address: City-St-Zi		(X) Change () Addition BILLY M S BRIDGE PLACE DRIVE EEK, GA 30022 US		
Title: Name: Address: City-St-Zip:	S (RICHTER, BILL 9914 SW 56TH OCALA, FL 34	CT.	Title: Name: Address: City-St-Zi		(X) Change () Addition BILLY M S BRIDGE PLACE DRIVE EEK, GA 30022 US		
Title:	т () Delete	Title:		() Change () Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BILLY M. RICHTER MGRM 03/16/2009