

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000046867

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** DREAM CASA LLC

**Current Principal Place of Business:**

5300 GROVEWOOD COURT  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

5300 GROVEWOOD COURT  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:** 27-3072624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHINKRE, RAM S  
5300 GROVEWOOD COURT  
ST. AUGUSTINE, FL 32092 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SHINKRE, RAM S  
**Address:** 5300 GROVEWOOD COURT  
**City-St-Zip:** ST. AUGUSTINE, FL 32092

**Title:** MGRM  
**Name:** BANSAL, SUSHIL K  
**Address:** 2307 WEST CLOVELLY LANE  
**City-St-Zip:** ST. AUGUSTINE, FL 32092

**Title:** MGRM  
**Name:** ARORA, INDER P  
**Address:** 9027 HAMPTON LANDING DRIVE EAST  
**City-St-Zip:** JACKSONVILLE, FL 32256

I hereby 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:** RAM S SHINKRE

MGRM

03/15/2011

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