
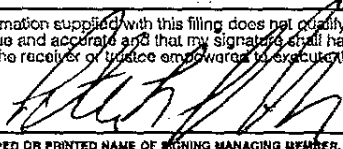


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000006795</b> 1. Entity Name <b>DREAMCATCHER II, LLC</b>		
Principal Place of Business <b>3250 MARY STREET SUITE 500 MIAMI, FL 33133 US</b>	Mailing Address <b>3250 MARY STREET SUITE 500 MIAMI, FL 33133 US</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="display: flex; justify-content: space-between;"> <span>01162004 No Chg-LLC</span> <span>CR2E083 (10/03)</span> </div>		
4. FEI Number <b>65-1109704</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>PELTZ, ARVIN 3250 MARY STREET SUITE 500 MIAMI, FL 33133</b>		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM SIBLEY, PETER L 3250 MARY ST MIAMI, FL 33133</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM ALIBHAI, KARIM 3250 MARY ST MIAMI, FL 33133</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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.		
<b>SIGNATURE:</b> 		Date <b>1/20/04</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <b>805-445-4321</b>