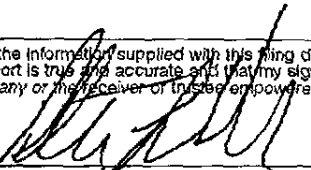


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000006795			
1. Entity Name DREAMCATCHER II, LLC			
Principal Place of Business 3250 MARY STREET SUITE 500 MIAMI, FL 33133 US	Mailing Address 3250 MARY STREET SUITE 500 MIAMI, FL 33133 US	 02272006 No Chg-LLC CR2E063 (11/05)	
DO NOT WRITE IN THIS SPACE			
			4. FEI Number 65-1109704
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PELTZ, ARVIN 3250 MARY STREET SUITE 500 MIAMI, FL 33133		DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE 1100000482449 04/11/06 80074-024 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIBLEY, PETER L 3250 MARY ST MIAMI, FL 33133		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALIBHAI, KARIM 3250 MARY ST MIAMI, FL 33133		
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			
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 605, Florida Statutes.			
SIGNATURE: 		3/23/06 (305) 445-4273	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	