

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012231

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: DREAMS OF PARADISE, LLC

**Current Principal Place of Business:**

60 WILHELM DR  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

60 WILHELM DR  
ENGLEWOOD, FL 34223

**New Mailing Address:**

FEI Number: 65-1126071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIGLER, KAREN J  
499 NW 70TH AVENUE, #105  
PLANTATION, FL 33317 US

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

SPIGLER, KAREN J  
4175 DAVIE ROAD #110  
DAVIE, FL 33314 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:

01/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BLOSSER, ROLAND  
Address: 60 WILHELM DR  
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGR ( ) Delete  
Name: WHITING, DEBORAH  
Address: 60 WILHELM DR  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ROLAND BLOSSER

MGR

01/29/2008

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