

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000000020**

1. Entity Name  
**DREAM BELIEVER STABLES, LLC**



Principal Place of Business

**1313 PALERMO WAY  
LANTANA, FL 33462**

Mailing Address

**1313 PALERMO WAY  
LANTANA, FL 33462**



04022008 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2306207**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COLOMBINO, ANDREA  
1313 PALERMO WAY  
LAKE WORTH, FL 33462**

**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

TITLE	MGRM
NAME	COLOMBINO, LUCIANO F
STREET ADDRESS	1313 PALERMO WAY
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	MGRM
NAME	COLOMBINO, KATHLEEN MARIE
STREET ADDRESS	1313 PALERMO WAY
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D
NAME	COLOMBINO, ANDREA K
STREET ADDRESS	1313 PALERMO WAY
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000432956  
04/13/06-80085-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:** *Kathleen Marie Colombino* *Kathleen Marie Colombino* *4/2/06* *561-533-0811*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #