


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90033 048 \*\*\*\*50.00

DOCUMENT # L02000007880  
 1. Entity Name  
 DREAM LEVEL, LLC



Principal Place of Business 2210 NW MIAMI COURT MIAMI, FL 33127	Mailing Address 2210 NW MIAMI COURT MIAMI, FL 33127
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24040103



04072004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-0650500	Applied F Not Applk
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SAICHEK, LAWRENCE A ESQ.  
 601 BRICKELL KEY DRIVE  
 SUITE 505  
 MIAMI, FL 33131

**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 ac the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated)

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTANA, NICHOLAS 2210 NW MIAMI COURT MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTANA, IGNACID 2210 NW MIAMI COURT MIAMI, FL 33127
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 informat 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: *[Signature]* Member Date: 4/7/04 Daytime Phone #: 305-571-9449