2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90697 016 ****50.00

DOCUMENT # L02000009815

1. Entity Name
DREAMWORKS CONSTRUCTION & REMODEL LLC.

Principal Place of Business	Mailing Address
4420 MERCANTILE AVE. SUITE #8 NAPLES, FL 34104	4420 MERCANTILE AVE. SUITE #8 NAPLES, FL 34104

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
15275 Collier Blvd.	15275 Collier Blvd.
Suite, Apt. #, etc. 201 #108	Suite, Apt. #, etc. 201 #108
City & State Naples, FL	City & State Naples, FL
Zip 34119 Country US	Zip 34119 Country US

4. FEI Number 010667679 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PARK, MICHAEL D
390 ROBIN HOOD CRL.
102
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name Michael D. Park
Street Address (P.O. Box Number is Not Acceptable) 14526 Indigo Lakes Cir.
City Naples FL Zip Code 34119

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] MGRM — DATE 5-1-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARK, MICHAEL D 302 N 1130 E LINDON, UT 84042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Michael D. Park 14526 Indigo Lakes Cir. Naples, FL 34119	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARK, JENNIFER S 302 N 1130 E LINDON, UT 84042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jennifer S. Park 14526 Indigo Lakes Cir. Naples, FL 34119	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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.

SIGNATURE: [signature] MGRM 5/1/03 (239) 455-5531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #